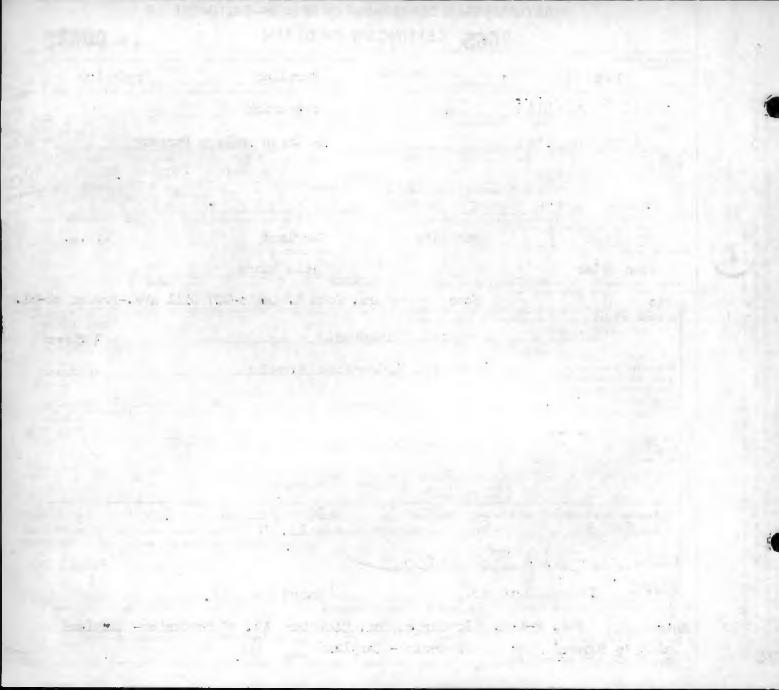
DATE

1.			0003				g. Dist. Wol	0 - 0
	PLACE OF DEATH			2. USUAL RESIDENCE (WI			esidence before	e admission)
份上	F:	rederick	MARYLAND	Maryla	nd b. c	OUNTY FI	rederic	k
340		N (If outside corporate limits, e nearest town)	write c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF a	outside corporate limits,	write RURAL	and give near	rest town)
	rural		3 _{mos}	// Freder	ick			
, [d. NAME OF HO	SPITAL (If not in hospital, give		d. STREET ADDRESS				. IS RESIDENCE
X	Rig		× •	312 Nort	h College 1	Parkway		YES NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	
	(Type or print)	Dessie	M	Adams	DEATH	Jan	30	19 60
5	. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (I		NDER I YEAR	Hours Min
	Fema	le White v	VIDOWED DIVORCED	March 31	880 79	yrs.	uns Days	riours min
10	during most of	ATION (Give kind of work do working life, even if retired)	ine 10b. KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (State	or foreign country)	1.	2. CITIZEN OF	WHAT COUNTR
		ired	Housewife	Marylan	d		U.S	.A.
13	3. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME			
	John	Eyler		Lydia H	ance			
13	S. WAS DECEASED	EVER IN U. S. ARMED FORCE (If yes, give war or dates of servi	icel	INFORMANT		Address		
	No		None	Mrs. John H. L	entz-207 D	Lll Ave	-Fred	erick-M
	18. CAUSE OF	DEATH [Enter only one caus	se per line for (a), (b), and (c).]				INTE	RVAL BETWEEN
	PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)_	Cerebral Thr	ombosis			3	dava
	1332 X	DUE TO						aajs
-		if ony, which) (b)_	Cerebral Ar	terioscleros	is		ur	known
	gave rise to couse (a), stat	immediate (DUCTO						1475 5-0147
	lying couse le							
4 2	PART II.	OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN	V PART 1(0) 19	WAS AUTOPS
0 8	5							YES NO
1311030	20a. ACCIDENT	ING TO CAUSE OF DEATH	06. DESCRIBE HOW INJURY OCCUP	RED. (Enter noture of injury in	Port I or Part II of item	18.}		-
		IFY MEDICAL EXAMINER)						
JCA1	20c. TIME OF IN		20d, INJURY OCCURRED 20e. While Not while	PLACE OF INJURY (Home, form factory, street, affice bldg., etc.	20f. (City or town)		(County)	(Sto
MEDI	ρ.	10	of work of work					

TO HOSPITAL OR A? TOING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/58



4 hours after death.

the tegistrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed will certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit perhit VS A1SC 1-55 10M*

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00623

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY FREDERICK MARYLAND	STATE MARYLAND	COUNTY FREDERICK
CITY (If outside corporete limits, write RÜRAL LENGTH OF STAY OR end give nearest town) [in this pleca]	CITY (If outside corporate limits, write OR	RURAL and give neerest town)
TOWN WOODSBERO YEARS	X TOWN WOODS B	PO
HOSPITAL OR INSTITUTION OR	STREET / ADDRESS	If rurel give location)
STREET ADDRESS MAIN SI	MAIN S	T
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DAT	E (Month) (Dey) (Year)
(Type or Print) WILLIAM HENRY ADA	MS DEA	TH JAN 14 19 60
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	BIRTH 9. AGE lest b	
M (Specify) M MAR	7-1872 87	yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
refired) FARMER GWN FARM	MARVIAND	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
WILLIAM ADAMS	JOANNA (+	RIMES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	71
(Yes, no, or unk.) (If Yes, give wer or dates of service) 219-12-0244	MOLLIE ADAM.	S WOODSBORD
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN
11021	1 - 1 + 1	ONSET AND DEATH
MMEDIATE CAUSE (A)	olde of allegander	Manua.
DISEASES OR CONDITIONS, IF ANY, (B)	undetroles is still	Elin 18 mirett
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	A A A	
(c) CONSTRUCTION	Condetiterenda d	was signed
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		19
DISEASE OR CONDITION CAUSING DEATH.		of earlies
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory,	Ic. WHERE DID INJURY OCCUR? (City or low	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)		
While Mot while m	H. HOW DID INJURY OCCUR?	
M, at work L et work L	3	
22. I hereby certify that I attended the deceased from	, 19.58., to 1/14,	19. 6.2, that I last saw the deceased
alive on		
	ADDRESS (Street	, city, town, state) DATE SIGNED
M.D. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (CREMATORY LOCATION	(City, town, or county) (State)
REMOVAL (SPECIFY) RIRIAL IIII 1/6 0 MT HAPF	WAA	DCRARA MA
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	Directify ADDRESS
DATE JAN 20'60 arthur S. France	Charles Public.	Min Mindeller

AT THE STATE OF PRESENTING TO THE WATER STATE OF ALVE DIE CERTIFICATE OF DEATH A STATE OF THE PARTY OF THE PAR the same of the Assessed

eath. Page 4

NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

TO HOSPITAL OR

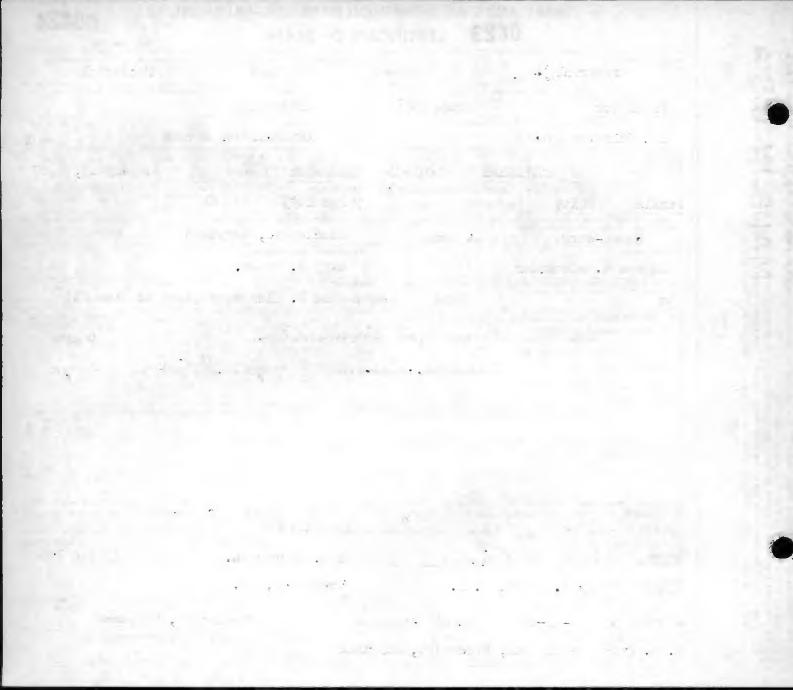
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0623 **CERTIFICATE OF DEATH**

•		0	U	6	2
Reg.	Dist.	No.			

	OUNTY Fre	ederick		MARYLAN		o. STATE	aryla	ere deceased livi .nd.	b. COUNTY	rederi	ick
	ITY OR TOWN (I URAL and give no Frederic		s, write	Since 1954	lb /	_	own (If o	utside corporate	limits, write RU	RAL ond give	nearest town)
d. N	tame of Hospitol Pair	AL (If not in hospitol, g view Avenu	ive street	oddress)	1	d. STREET AL		irview	Avenue		e. IS RESIDENCE ON A FARM? YES NO 1
DEC	ME OF EASED e or print)	CATH		Middle FLORENCI		Lost ALEXANI	ER	4. DATE OF DEATH	Month J	anuary	10, 1960
5. SEX	male	6. COLOR OR RACE White	7- MARE		-0.5	PATE OF BIRTH		°.	AGE (In years ast birthday) LL yrs.	Months Doy	AR IF UNDER 24 HRS.
10a. US du	ring most of worl	ON (Give kind of work of king life, even if retired)	lone 10b.	KIND OF BUSINESS OR IT	4DUSTR1			or foreign count , Maryl		12. CITIZEN US	OF WHAT COUNTRY?
13. FAT	HER'S NAME Eugene A	. Alexande	r		1	4. MOTHER'S Mary	MAIDEN N				
(Yes, no.		R IN U. S. ARMED FOR (If yes, give war or dates of se		SOCIAL SECURITY NO. None		RMANT 5 Anna	D. AJ	.exander	Addre (Same		n #1)
	PART I. DEA 153.3 Conditions, if o	TH WAS CAUSED BY, IMMEDIATE CAUSE (o DUE TO ny, which)	9	denocare	Ca	cocinos	retes for	in	O Col		NTERVAL BETWEEN CHARLES AND DEATH COMMENT.
CATION		the <u>under</u> DUE TO (c		CONTRIBUTING TO DEATH						N IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
	R CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Yes		INJURY OCCURRED 20	. PLACE	OF INJURY (I	tome, form	, 20f. (City or		(Coun	nty) (Stote
AC SIN	TUAL CONATURE	enry V. Cha	12_1 	have	/5 eath ac	ccurred at	L1:10:	M, from the ADDRESS (Street ch St.	causes and	d an the do	saw the deceased ate stated above DATE SIGNET Jan 1960
220. BI	URIAL, CREMATIC MOVAL (Specify Combined U	1-13-60		22c. NAME OF CEMETE Shank Maus					ctown, b		(Stote)
	R. Etc.		on,	Frederick, M	aryl	and		d by registrat 1 4 '60		TRAR'S SIGNA	



Frederick, Maryland

C 1200 8 45 -110

VS A15 (4) 15M 9/58

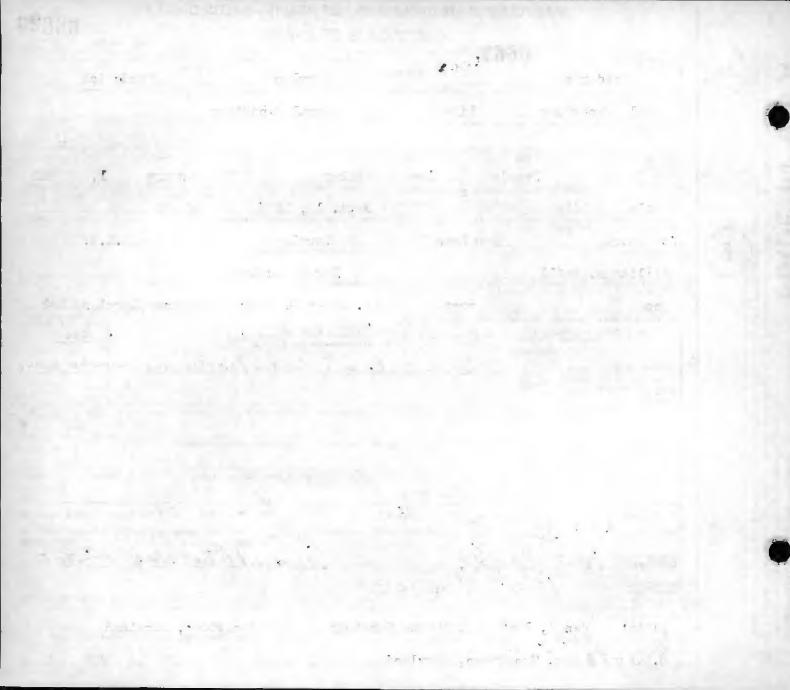
C.E. Hicks

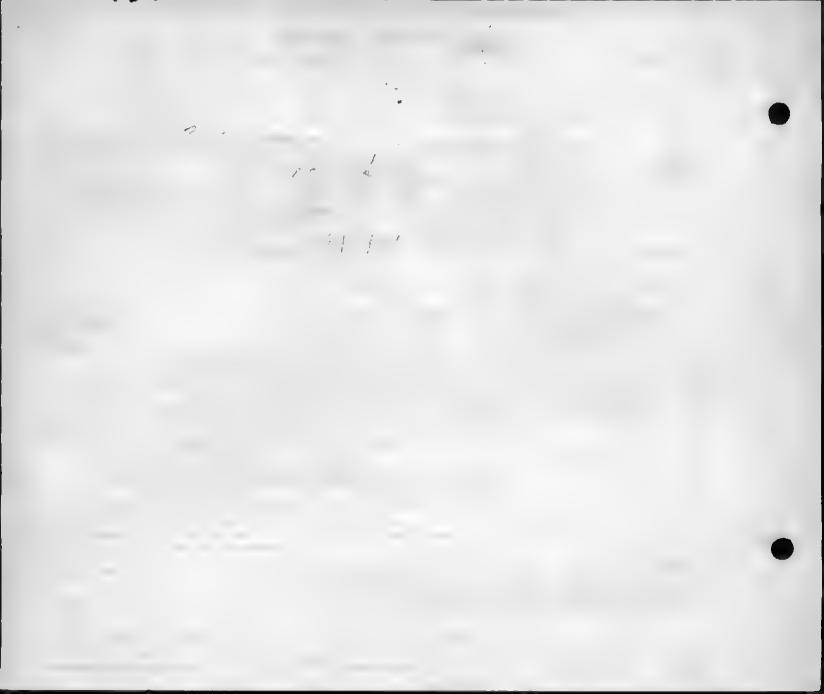
STADO PO PONDENTE DE QUANTE Tribles est Smaller of Sundania . He and the late several state of the The state of the s Notes of the state end be blief the first of the forest time. IS TOOL , MI S IN selving the termination of the selection Confress and service the contract

VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		CERTIFICA	ATE OF DEAT	н—васпімс Н	Reg. Dist, I	00626
1. PLACE OF DEATH d. COUNTY FT	ederick	MARYLAND	2. USUAL RESIDENCE (V a. STATE Marylan	_ b.	If institution; Residence b COUNTY Frederi	
b. CITY OR TOWN RURAL and give Rural	(If outside corporate limits, write nearest town) Tanevtown	c. LENGTH OF STAY IN 16		outside corporate limit	s, write RURAL and give	nearest town)
	PITAL (If not in hospital, give stree		d. STREET ADDRESS	320 3 50 11 11		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED {Type or print}	fini Jennie	Middle Lee	lost Baker		Month anuary	Doy Year
s. sex Female	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Sept. 17, 18	lost b	(In years IF UNDER I YE Months Doy	
during most of w HOUSEWOT 13. FATHER'S NAME William	A. Naill	wn home	Marylan 14. Mother's Malden Sarah B	I NAME	U.S.	.A.
PART I. D 422 Conditions, if gove rise to cause (o), statin	immediate DUE TO		herwite car	Baker Tan uye hu Vas de	*	NTERVAL BETWEEN NOSET AND DEATH MACHINE WAS YELL
CATK	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT				19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJ	URY Month, Doy, Year 20d. While		ACE OF INJURY (Home, fo	rm, 20f. (City ar town	(Cour	ity) (Stote
	What I attended the deceded the second the s	ged from Ann 9 , and that death	n accurred at	M, fram the co	uses and an the de or town, state)	
220. BURIAL, CREMAT REMOVAL (Speci Burial		22c. NAME OF CEMETERY C		22d. LOCATION (CI	ty, town, or county) n. Maryland	(State)
23. FUNERAL DIRECTO		ADDRESS		C'D BY REGISTRAR	246. REGISTRAR'S SIGNA Carthury S. Kro	





FOR STATE **HEALTH DEPT.** files.

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			-0	U	6	Z	8
Reg.	Dist.	No.	_				

	. COUNTY Fred	lerick	0626	MARYLAND	2. USUAL RES	Maryland	ed lived. If institution b. COUNTY	n. Residence befor		
	Frederick	auls de corporate lim h, write		LENGTH OF STAY IN 15 LOUPE	c. CITY OR	TOWN (If outside corp. Frederick-I			rest lawn)	
		e or institution (# Memorial Ho		give street address)	d STREET	Brown's Tra	ailer Cour		ON A FAKY? YES NO 10	
	3. NAME OF DECEASED (Type or print)	PAUL		Middle F.	BERR.	OF	Month Janu	eary 25,	Year 19 60	
	s. sex Male					1927	Total Street Co.	UNDER TYEAR II	FUNDER 24 HRS.	
	10d USUAL OCCLIPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Enstalling Engineer Electric Co. Jamestown, N. Y. USA									
	13. FATHER'S NAME Benjamin H					MAIDEN NAME	nd m			
)	15. WAS DECEASED EVE		CES? 16. SOCI	AL SECURITY NO. 17, 1		Tred McCar	Address			
	Yes re. or orknown)	Ill yes, Give war or do'es of se	izvien).		_	J. Berry (S		em #2)		
	18. CAUSE OF DEATH [Enter only one couse per lise for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) THE VALUE OF DEATH [Enter only one couse per lise for (o), (b), and (c).] IMMEDIATE CAUSE (o)									
	976×	DUE TO				() ,		`		
	Conditions, if on gave rise to immed	iote couse								
	(a), stating the u	(c)_								
-	PART II. OTH 200. EXTERNAL CAU PRIMARY TO W CON CAUSE OF DEATH.	ER SIGNIFICANT COND	ITIONS CONTR.	BUTING TO DEATH BUT I	NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN		WAS ALTOPSY PERFORMED? S NO	
		SE WAS 1706	that	WINJURY OCCURRED. (1	1320	al auto	matic			
	20c. TIME-OF INJUS	Month, Day, Year Jan 24 196	△ While		CE OF INJURY (I ory, street, office In Now-C	tome, form, 20f. (City bldg, etc.)	Un . I	(County) RR. ()	(State)	
	21. I certify th	of I taok charge	of the remo	ains described abo	ve, held on	Autopsy 🔼 In	spection [],	Inquiry [],	and in my	
:	opinion death	resulted fram: N	latural caus	es . Accident	, Suicid	Hamicide	. Undeterm	ined monner		
	ACTUAL SIGNATURE_	THENDS	. Tho	mos,	_ m.v.	EDICAL EXAMINER		ı	DATE SIGNED	
	EXAMINER'S NAME (Type)	ames B. Tho	omas, M	. D		NT MEDICAL EXAMINER	te.	25 Jan	1960	
	220. BURIAL CRAMATION REMOVAL (Specify) Removal	1-26-60	722c	NAME OF CEMETERY OR	CREMATORY		ion (City, town, or stown, or stown, New		(State)	
	23. FUNERAL D RECTOR	SIGNATURE SOT	a. Frede	ADDRESS erick, Maryl	and	240. REC'D BY REGISTR		AR'S SIGNATURE		
			7			DATE N 2 7 160	Civilian	1 S. Kroued		

TO DEPUTY MEDIC 1. EXAMINER: This certificate should be executed within 24 hours after death. If any deay is necessary execute the cert.

4 should be forw.

4 should be forw.

5 to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained fat to FUNERAL DIRECTOR: Page 3 should be used as a burial-transis permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, crematian, or removal, and in any pront within 72 hours after death. VS A15ME BM 2757



VS A15 (4) 15M 9/5B

			0.001	CER	RTIFICA	ATE OF D	EATH	ł	
	PLACE OF DEATH o. COUNTY Fre	derick	Soft	N	ARYLAND		ence (wh	ere deceased lived	. If institutio
	EURAL and give n	f outside corparate line parest town) K	nils, write	c. LENGTH OF S		1	own (If o	utside corporate lir	nits, write RU
		AL (If not in hospital, k Memorial				d. STREET A		th Stree	t
	NAME OF DECEASED (Type or print)	RUDO]	LPH	ELS'	ron	CAVELL		4. DATE OF DEATH	Monii Jar
	sex Ma le	6 COLOR OR RACE White	7. MARI WIDOW	RIED NEVER M.	ARRIED	B. DATE OF BIRTH		9. AG	E (In years birthday) yrs.
10a	USUAL OCCUPATION during most of wor Farmer	ON (Give kind af wark king life, even if retire	dì l	KIND OF BUSINE arm Tenar				or foreign country) Maryla	
13.	Norman	Cavell				14. MOTHER'S Nel	MAIDEN N Lie Ha		
	WAS DECEASED EVE No or unknown)	R IN U. S ARMED FO (If yes, give war or dates of		SOCIAL SECURITY		s. Ruth l	V. Car	vell (Sam	Addr ne as i
CATION	Canditions, if a gave rise to i couse (a), stating lying couse last. PART II OT	the under-	b) O			Typen u		-/`	
CERT;F1	OR CONTRIBUTING	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJU		ED. (Enter noture of			
MEDICAL	Hour o. m.	19	While			octory, street, office			***************************************
	21. I certify the alive an ACTUAL SIGNATURE	nat I attended the			that death	accurred at		M, from the cappress (Street, cappress that St.	
-		ex R. Mart					erick	, Marylar	
220	BURIAL CREMATIC BUT 18.1					Cemeter	У	Freder	
23.	EUNERAL DIRECTOR	's signature hison & So	n, Fr	ederick,	Maryl	and	24o. REC'I	D BY REGISTRAR	24b REGIS

00629

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No n: Residence before admission) Frederick RAL and give nearest town) IS RESIDENCE ON A FARM? YES NO Day Year 1960 nuary IF UNDER 1 YEAR IF UNDER 24 HRS Days Hours 12. CITIZEN OF WHAT COUNTRY? USA item #2) INTERVAL BETWEEN DONSET AND DEATH WAS AUTOPSY
PERFORMED?
YES NO N N PART 1(a) 19 (County) (State) that I last saw the deceased d an the date stated abave. **DATE SIGNED**

Jan 1960

(State)

aryland

TRAR'S SIGNATURE





22c. NAME OF CEMETERY OR CREA

Monocacy

ADDRESS

00631

Rea. Dist. No.

e. IS RESIDENCE

ON A FARM2

YES NO A

Year

1960

Montgomery

Doy

IF UNDER I YEAR IF UNDER 24 HRS.

Days

15x-2

Months

Month

I. BIRTHPLACE (State or foreign country) Maryland. MOTHER'S MAIDEN NAME Hester Whipp LANT Address Lewton Brower, Barnesville, Md. INTERVAL BETWEEN ONSET AND DEATH CLUBBER ELMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES, office bidg., ekc.) 19.0., to 29., 19.0., that I last saw the deceased ried at 1.00 Per signer ADDRESS (Street, city or town, stote) DATE SIGNED.	V=1=18/4 85	
MOTHER'S MAIDEN NAME Hester Whipp Address Jewton Brower, Bernesville, Md INTERVAL BETWEEN ONSET AND DEATH JEMES AND DEATH JEMES AND DEATH PERFORMED? YES NO PREFORMED? YES NO PROFORMED?	1. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hester Whipp Address Jewton Brewer, Barnesville, Md INTERVAL BETWEEN ONSET AND DEATH J. L.	Maryland	U.S
Address Jewton Brewer, Barnesville, Md INTERVAL BETWEEN ONSET AND DEATH ONSE	MOTHER'S MAIDEN NAME	
INTERVAL BETWEEN ONSET AND DEATH CLUSSES BLACED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) TO THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE TO THE TERMINAL DISEASE TO THE TERMINAL DI	Hester Whipp	
INTERVAL BETWEEN ONSET AND DEATH CLASSICS LINEAR LI	Addre Addre	011
ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PREFORMED?	lewton Brewer, Barnesville	, Md
PERFORMED? YES NO PERFORMED. Y	luxus	
INJURY (Home, farm, reet, office bidg., etc.) 19 60, to 29, 1960, that I last saw the deceased ried at 25 M, from the causes and on the date stated above ADDRESS (Street, city or town, state) ATORY 22d. LOCATION (City, town, or county) 24a. REC'D BY REGISTRAK 24b. REGISTRAK'S SIGNATURE		PERFORMED?
1960, to 29, 1960, that I last saw the deceased red at 25 AM, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE STANEO ATORY 22d. LOCATION (City, town, or county) BOOLISTIAN 22b. REGISTRAR'S SIGNATURE EED 2 26. REC'D BY REGISTRAR'S SIGNATURE	r noture of injury in Port I ar Part II of item 18.)	
ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote) DATE SIGNED ATORY 22d. LOCATION (City, town, or county) Baolistic 11 e 16d 24a. REC'D BY REGISTRAR'S SIGNATURE	roet, office bldg., etc.)	(Caunty) (State)
240. REC'D BY REGISTRAY SIGNATURE	ADDRESS (Street, city or toyn, s	nd on the date stated above.
240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	ATORY 22d. LOCATION (City, town, or	r county) (State)
	240. REC'D BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE

page 2 VS A15 (4) 15M 9/55 PHYSICIAN'S

NAME (Type)

220. BURIAL CREMATION.

REMOVAL (Specify) Burial

23. FUNERAL DIRECTOR'S SIGNATURE

A. A. Pearre

226. DATE THEREOF



MARY LAND

PARTICIPATE (BERRY CO

arthur S. Thous

160

FEB 3

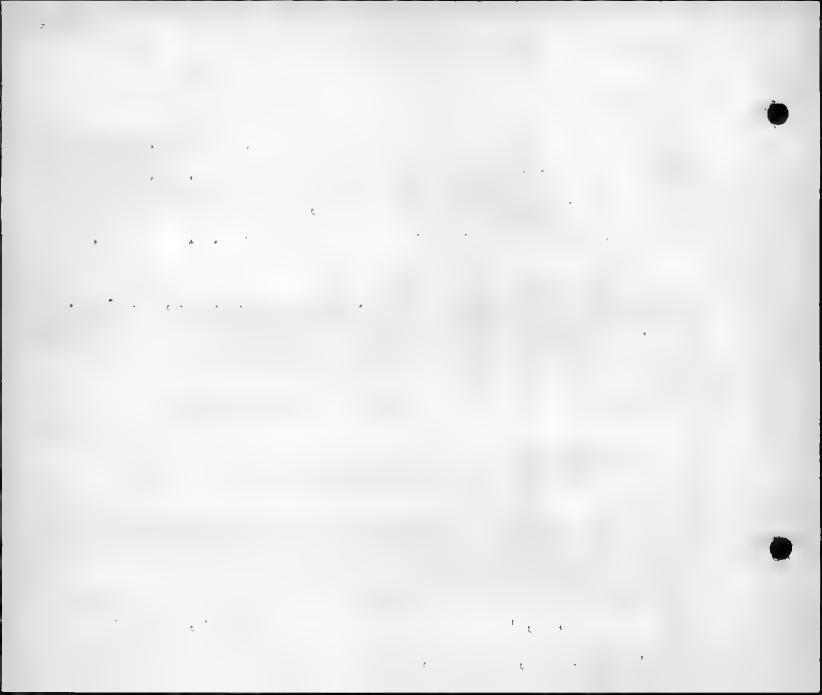
death

after

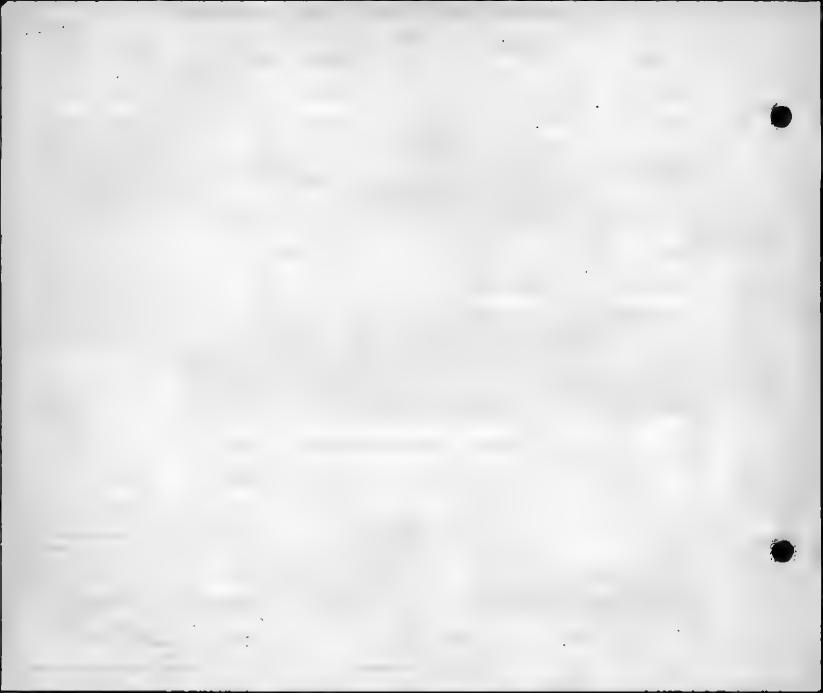
VS A15 (4)

15M 9/55

FUNERAL HOME



AND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/55 R

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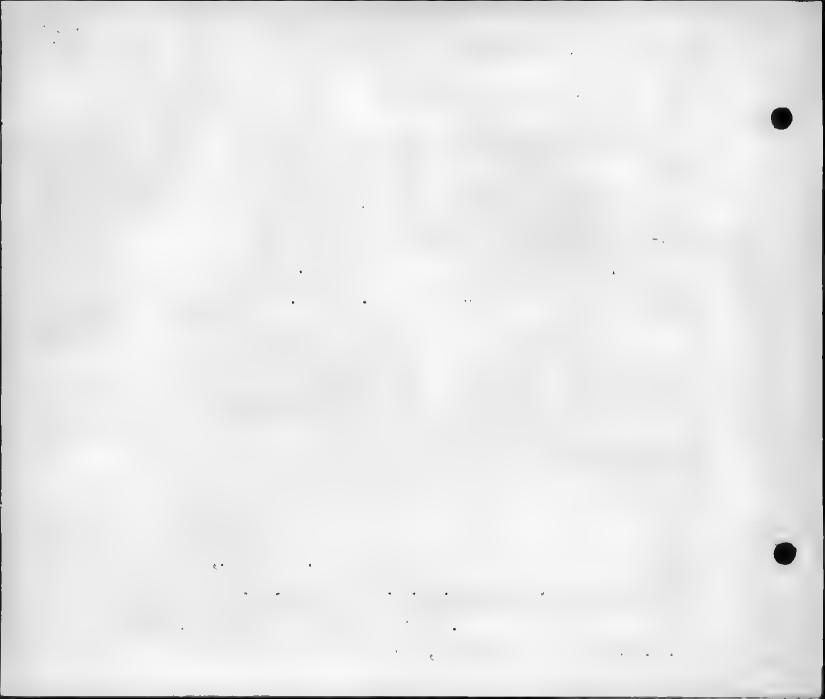
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH	CERTIFICA	ATE OF	DEATH
----------------------	-----------	--------	-------

0000

Reg. Dist. No. 00634

	1, 1	COUNTY Fred	derick	00	KJ MARYL	AND		ence (whe		lived. If institution by COUNTY	Fred	eric	e odmiss K	ion)
	t	RURAL and give no Frederic	f outside carporate limits, s agrest town) K	write	Since 1905		_	own (If or reder		ate limits, write R	URAL ond	give nea	rest lawn)
7		or institution trederic	At (If not in hospito), give k Memorial F	street o	oital		d. STREET A		rroll	Parkway				DENCE FARM? NO [A]
		NAME OF DECEASED Type or print)	LLOYD		Middle CLAYTON		CULLER	1	4. DATE OF DEATH	Mon Janua		6,		reor 19 60
	5. 9	ex Male	6. COLOR OR RACE 7 White w	MARR	_	_ {	l date of birth			9. AGE (In years lost birthday) yrs.	Months	Doy2	IF UNDE Hours	R 24 HRS Min.
		during most of worl	ON (Give kind of work dan king life, even if refired) "ACTOPING & B					ACE (Stote of	or foreign co	untry)		tizen o USA	F WHAT	COUNTRY?
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
		Philip H.	Culler				Ann	R. Di	xon					
	15 (Yes	WAS DECEASED EVE	R IN U S. ARMED FORCES		social security no 217–32–5266	1	FORMANT B. Julia	. к. с	uller	(Same as		m #2)	
			ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	per lin	ente Cer	عم	stine	:60	Tier	rl.		INTE ONS	EYAL BE	TWEEN DEATH
	z	gave tise to i cause (a), stating lying cause last.	mmediate (<u> </u>	Terio-S	Sel	Prote	C I	hea	Adi	falls Bal	/.	5 G	AUTOPSY
ì	CERTIFICATION		Wilm	ت	d						EN IN PAI	x 1 1(0) 1	PERFO YES [RMED?
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)	b. DESC	CRIBE HOW INJURY OC	CURRED	. (Enter nature of	f injury in P	art 1 or Part	II of item 18)				
	MEDICAL	20c. TIME OF INJUR Hour e.m. p.m.	Y Month, Day, Yeor	20d. It While at worl	Nat while	20e. PL/ fac	CE OF INJURY (I lary, street, affice	Home, form, bldg , etc.)	20f (City	ar tawn)	•	(County)		(State)
		alive on 6	at I attended the de	19 1	0	1	228 N		P.M. fram Nooress (Silket St	the causes o	nd on t stote)	last so the dat	le state	TIE SIGNED
1		PHYSICIAN'S NAME (Type)	harles H. Co	nle	y, Jr., M.	D.		rick,				1100		
	220 E	BURIAL, CREMATIC REMOVAL (Specify)	226. DATE THEREOF		St. Luke					ION (City, town, o	**	hne	(State	e)
4	23	FUNERAL DIRECTOR M. R. Etc		Fr	ADDRESS			24a REC'S	AN REGIST	PAR. 24b. REGIS		GNATUE	le natul	

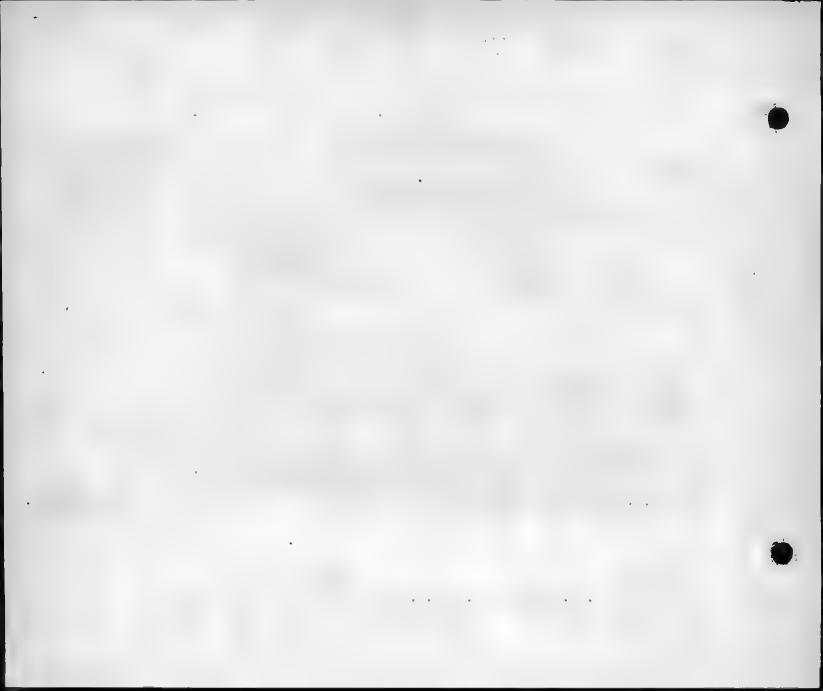


MARYLAND 633MEDICA	STATE DEPARTME	NT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH
rick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions e. STATE Maryland b. COUNTY
corporate limits, write RUEAL	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUR
rick	35 yrs.	New Midway, Md.

00635 Reg. Dist. No.

1. PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)							
6. COUNTY Frederick MARYLAND					LAND	• STATE Maryland b. COUNTY Frederick							
b. CITY OR TOWN (if outside corporate limits, write RUPA) c LENGTH OF STAY IN 16 and give nearest town)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Fra	rs.	X New Midway. Md.										
(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS					e. IS RES DENCE		
L	Frederick Memorial Hospital					ON A FAI							
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Month	1	Day	3	íear .	
	(Type or print)	Hild	B	L.		Deberry	DEATH	January	<u> </u>	31	1	9.60	
5. 5	6. COLOR OR RACE		7. MARRIED NEVER MARRIED 8.		内 8.1	DATE OF BIRTH	9. AGE (in years lost burthship)	1					
	F	W	WIDOWE	D DIVORCED [ם כ	5/28/24		35 yrs.	Months	Days	Hours	Min.	
10a	USUAL OCCUPATIO	N (Give kind of work	done 10b I	KIND OF BUSINESS OR I	NDUSTR	11. BIRTHPLACE (State	or foreign	country)	12 CITI	ZEN O	F WHAT	COUNTRY?	
1	during most of working life, even if retired) Notice					Freder	rick 0	ountv		USA	USA		
13.	13. FATHER'S NAME					14. MOTHER'S MAIDEN							
	Eloie	Deberry	Carrie Grimm										
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address												
{T81	, no, or unknown)	If yes, give war or dates of	service)			Elgie	Deher	mar New	Midwa	U .	Md		
18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).]									INTERVAL RETWEEN		FFM		
	PART I. DEATH WAS CAUSED BY: Aroute Bacterial Endogarditie									days			
	MAMEDIATE CAUSE (o) ROUGE DAGGETTAL ENGOGETATIONS									- 4	ayo		
	9/6.9 DUE TO									E dore			
	Conditions, if ony, which by Septicemia								-	5 days.			
	fol stating the underlying DUETO									_6 weeks +			
1,	couse lost. 10 20 and 30 hums 1/3 body surface												
CERTIFICATION	PARI II. OTH	a storaitheath con	unioles <u>ce</u>	SITTER STATE OF SEATE	- BOT INC	A KENIED IO INE IEKM	III AWE DIDENS	E COMP FOR G	EN IN FAXI	1007		NO [
ĬĔ	20g. EXTERNAL CAU	SE WAS TO 20	b. DESCRIB	E HOW INJURY OCCUR	RED. (En	er noture of injury in Par	rt 1 or Port 1	of item 18.}					
	CAUSE OF DEATH.	FRIMATE LI OF CONTRIBUTING LA											
								nty)		(Stote)			
AFD!	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 10f. (City or town) (County) Not while Not while of work of work of work of work of work of work. New Midway. Fr derick.								Md.				
21. I certify that I took charge of the remains described above, held on Aut												find that	
				, Accident .						_	, und	imo moi	
2 37 6										DATE SIGNED		EIGNED	
	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER									DATE STORED			
ASSISTANT MEDICAL EXAMINER													
NAME (Type) B. O. Thomas, Sr., M.D. DEPUTY MEDICAL EXAMINED 2/1/60									50				
22d BURIAL, CREMATION, 276. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 27d LOCATION (City, town, or county) (Store)									e) /				
	Burist 2/3/60 mt (elevet Cure trederick me									met			
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE													
	JC. Ba	HIER	Wa	Kkersmell	20.	Mal DATE F	FR 3	60 (1	11 - 0	4			

VS. A15ME(S) 5M 9/55



00636

CERTIFICATE OF DEATH 0000

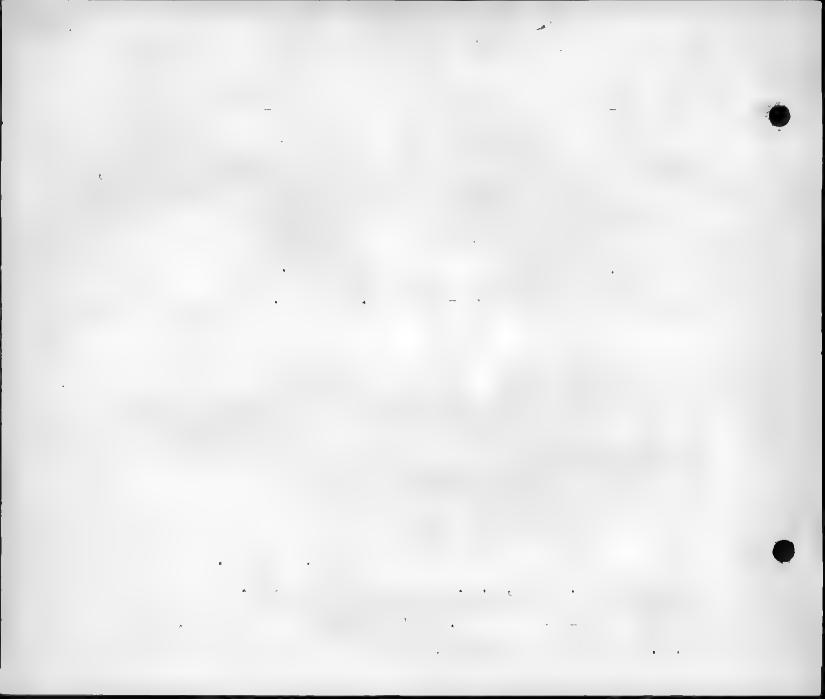
L			S OPKINIO	A15 91 1				Reg. Dist. No	'a		
	PLACE OF DEATH o. COUNTY Frederick		MARYLAND	2, USUAL RESI	arylan	re deceased liv	ed. If institution b. COUNTY	Residence befo Frederic	ire odmissi ok	onj	
4	b. CITY OR TOWN (If oulside corporate RURAL and give nearest town) Frederick—Rural RI	LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) ** Frederick-Rural RD#4								
	d. NAME OF HOSPITAL (If not in hospi Feagaville	/ The mentals ON A						PARM?			
	3. NAME OF DECEASED (Type or print) GEO	First PRGE	WILLIAM	EASTERDA		4. DATE OF DEATH	Manth Jai	nuary 7	· y	reor 960	
	5. SEX 6. COLOR OR R Male White		DIVORCED	e. date of eint 25 Sept				FUNDER 1 YEAR Months Days	Hours	R 24 HRS Min.	
	On USUAL OCCUPATION (Give kind of a during most of working life, even if a Self-employed	ticadt	nd of Business or Indi laster		ACE (State of		(ry)	12. CITIZEN C	OF WHAT	COUNTRY?	
	3. FATHER'S NAME Elisha H. Easterd	Mary V. King									
	S. WAS DECEASED EVER IN U. S. ARMED (Ves no or unknown) (If yes, give wor or do		The second secon	informant rs. Elea	nor E.	Easter	Addres day (Sa	ame as :	item ;	#1)_	
)	Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO 20 20a, ACCIDENT WAS UNDERLYING CAUSE OF DEATH II. OTHER WAS UNDERLYING CAUSE OF DEATH III. OTHER ROTHER, NOTIFY MEDICAL EXAMINER;										
	20c TIME OF INJURY Manth, Day Haur a. m. p. m.	Year 20d. INJI While at wark [Not while at work	PLACE OF INJURY octory, street, office	Home, farm, a bldg., etc.	20f. (City or	town)	(Caunty)		(State)	
/	21. 1 certify that I attended the deceased fram. 1958, to 177, 1960, that I last saw the colive an 1-5, 19, 4, and that death accurred at 3:30A M, from the causes and an the date state. ACTUAL SIGNATURE M.D. 220 N. Market St. 7 Jan 196 PHYSICIAN'S ROX R. Martin, N. D. Frederick, Md. 220 BURIAL CREMATION 1220, DATE THEREOF 1220 NAME OF CEMETERY OF CREMATORY 122d LOCATION (City town, or sounty) (State										
-	BUTIAL (Specify) 1-10-		St. Luke's				rille, Ma		·		
*	M. R. Etchison & S	erick, Maryl	and	DATE ASSESSED ASSESSED.							

may be retained to the hospital or attending physician.

• FUNERAL DIRECAR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove section papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hosps offer beath. TE ECHILL OR ATENDING INVSICIAN: The low requires that the death merificante by executed within 11 haves after death. Page may be retained to hospital or attending physician.

TO FUNERAL DIRECAL: After this certificate has been signed by the attending physician and completely filled in by the peral director VS A15 (4) 15M 9/55

12



United Brethren Cemetery

22d. LOCATION (City, lown, or county)

24a, REC'D BY REGISTRAR

Thurmont, Maryland

246. REGISTRAR'S SIGNATURE

Orthur S. Thank

moy be retain O FUNERAL C

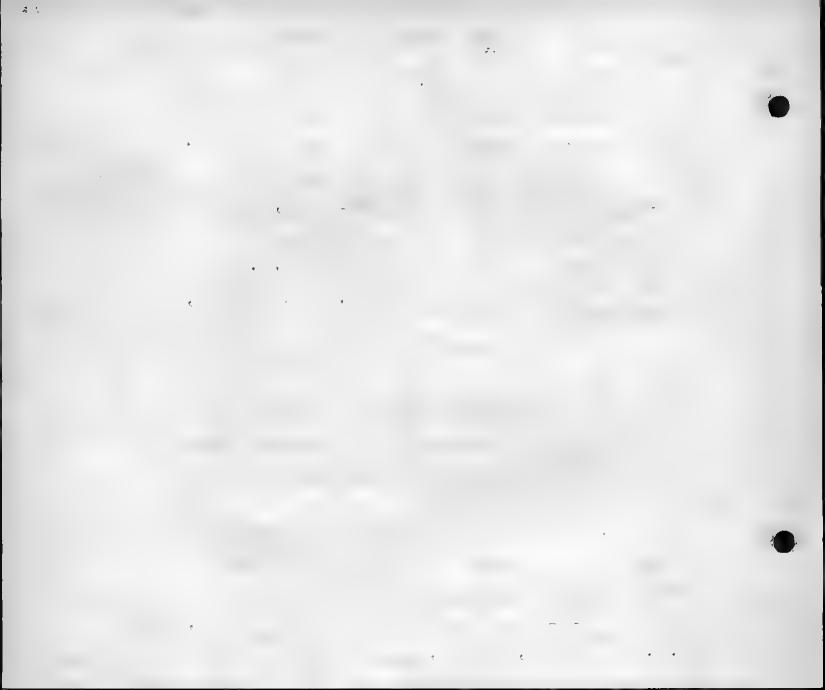
15M 9/55

PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION.

PREMOVAN (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland



within 24

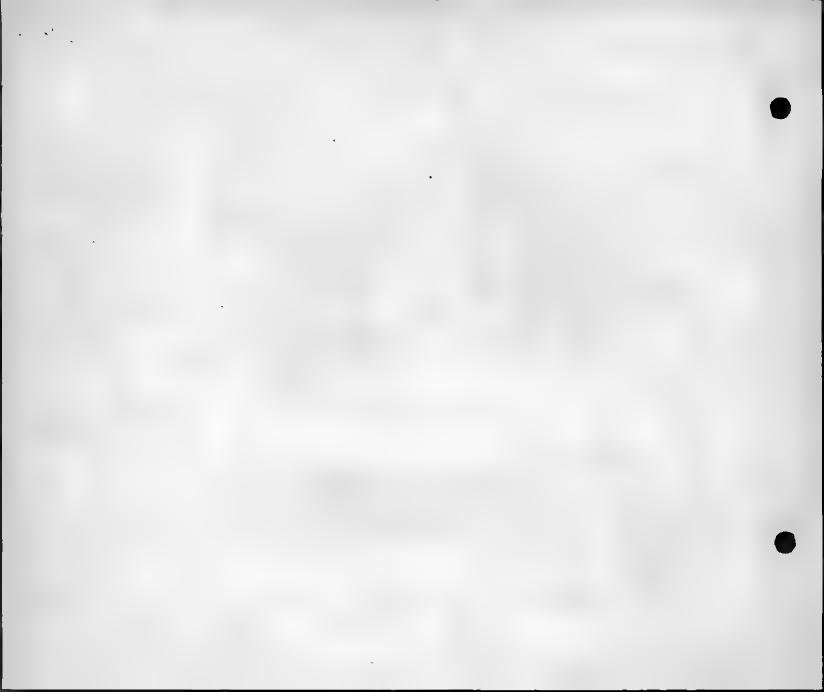
death certificate be

that the



00633 0636 **CERTIFICATE OF DEATH** Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **b.** COUNTY Frederick MARYLAND Marvland Carroll b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) RURAL and give nearest town! Prederick New Windsor d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? R. D. 411 Frederick Memorial Hospital YES I NO I 3. NAME OF Middle 4. DATE Lost Month Yeor Day DECEASED ARTHUR M. DEATH (Type or print) January 26 19 -60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX Male White WIDOWED [DIVORCED M June 30. 1881 papers. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Bendix Marvland U.S.A. Retired Guard pup carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ofter Charles Erdman Emma Read 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Mr. William Dohler-R.D. El-New Windsor. Md. Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CLASA **DUE TO** Mare permit. ony Conditions, if ony, which gned gave rise to immediate DUE TO cotise (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) [19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Month. Day. Year 20d INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while 19 ot work | of work p. m. . 1960 that I last saw the deceased 21. I certify that I attended the deceased from detached and that death accurred at 6:20 alive and M, fram the causes and an the date stated above. ACTUAL SIGNATURE 3 should b PHYSICIÁN'S NAME (Typo) FUNERAL 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) poge TREMOVAL (Specify) Druid Ridge Cemetery Bikesville, Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D AY REGISTRAR 246. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



_3,3

VS. A15ME(5)

5M 9/55

MARYLAND						
BEENEDICA	AL EX	AMINER'S	CERTIFIC	CATE OF	DEATH	Reg

		666	MEDICA	L EXAMIN	ER'S	CERTIFICA	ATE OF	DEATH	Reg. Dist. N	le. ()	0640
1.	PLACE OF DEATH B. COUNTY	Frede	rick	MAR	YLAND 2	a. STATE MAR		b. COUNT	ution, Residence b	efore admiss	ion)
	b. CITY OR TOWN and give nearest to	111 outside corporate lim	S-Z-	20 Mas	IN 1b	c. CITY OR TOWN	(If outside cor	porate limits, write	RURAL and give	nearest tows)
	d. NAME OF HOSE	PITAL OR INSTITUTI	ON (If not in hos	pital, give street addre	es) /	d. STREET ADDRESS				e, IS RES ON A YES	FARM?
3.	NAME OF DECEASED (Type or print)	al	Fint	Joseph	East	tosi	4. DATE OF DEATH	Dain.	h Da		60
	male	6. COLOR OR	WIDOWE		0 0	brill411	889	9/AGE (In years last birthday) // yrs.	IF UNDER 1YEA Months Days		24 HRS. Min.
104		TION (Give kind of king life, even if re Elike	work dane 10b. I lired) Victo:	r Product	s, Ha	11. BIRTHPLACE (SH	re ar fareign	Co-Ma	12. CITIZEN	OF WHAT C	OUNTRY?
	. FATHER'S NAME	iah,	Ester	day		MOTHER'S MAIDEN	NAME S	clang.	her		
	WAS DECEASED I		ED FORCES? 16.	50CIAUSECURITY NO. 13–18–069	1 //	emant scal B	Lerl	ey May	essil	LRS	<u> </u>
	PART I, DE	ATH WAS CAUSED	BY ₁	for (a), (b), and (c).]	Jun	ocmol l	eft co	hest	ini on 22	ERVAL BETWEEN	200
	974 x Conditions, if	any, which	(b)				<i>f</i>				
	gave rise to imn (a), stating the		(c)								
CERTIFICATION	PART II. O	THER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEAT	TON TUS H	RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	EN IN PART I(o)	PERFOR	
	20g. EXTERNAL C PRIMARY (2) or C CAUSE OF DEATI	ONTRIBUTING [206. DESCRIB	HOW INJURY OCCU	RRED. (Enter	nature of injury in P	art I or Part II	of item, 18.3			
MEDICAL	20c TIME OF IN	n. / // ,	While		foctory.	OF INJURY (Home, fo street, office bidg., e	stc.) O	y or town)	LRUS 23	den	(State)
		that I taak ch ed fram: Nat		emains describe Accident		held an Autar e 🛂, Homicie	_	nspection 💫 ndetermined		, and fi	nd that
	ACTUAL SIGNATURE	Bb	ther	nar-	M	.D. CHIEF MEDICAL	EXAMINER [] _		DATE SIG	CENE
	EXAMINER'S NAME (Type)	B,0,	Thon	ras		ASSISTANT MED DEPUTY MEDICA			1.1,1	960	
	Buria.	L Jan.4	1960	22c. NAME OF CEMET		W	olfsv:		or county)	(State)	
23.	FUNERAL DIRECTO	OR'S SIGNATURE	IF. B.	ittle, Ny	rersv:		C'D BY REGIST		STRAR'S SIGNATI		



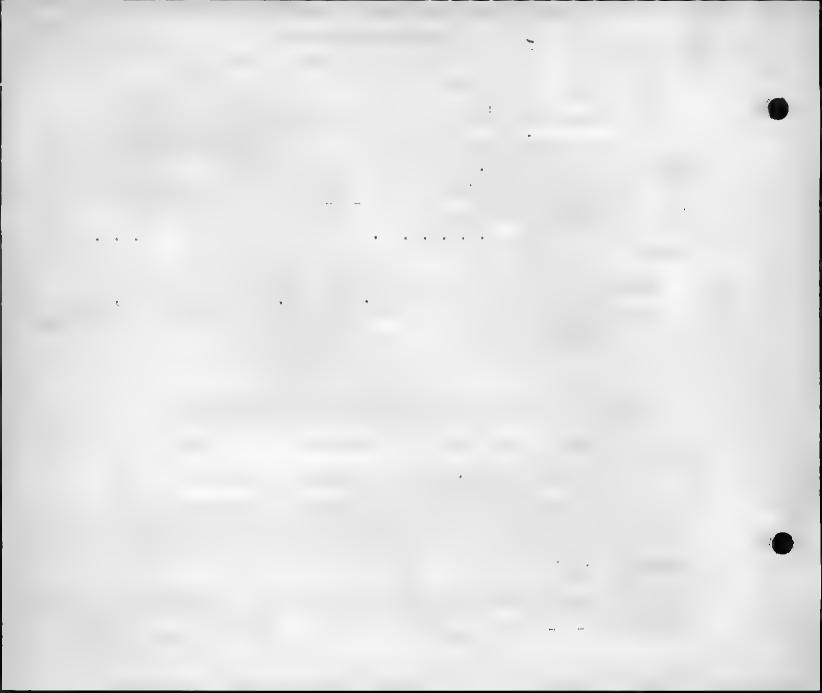
ral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 14 may be retained by hospital ar attending physician. TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0637 CERTIFICATE OF DEATH

Reg. Dist. No. () 0641

	PLACE OF DEATH a. COUNTY	FREDERICK	MARYLAND	2. USUAL RESIDE	NG YLA 110000	d lived. If institution b. COUNTY	on Residence before FREDER	ice admission)
	b. CITY OR TOWN (RURAL and give of FREDERIC		C. LENGTH OF STAY IN 16	1 ~ > +	WN (If outside corpo	rote limits, write R	URAL and give ne	arest town)
	OR INSTITUTION	TAL (If not in hospital, give street MEMORIAL HOS		415 E	DRESS AST POTOI	MAC STRI	SET	e. IS RESIDENCE ON A FARM? YES NO []
	NAME OF NIH DECEASED (Type or print)	RRILL Fint	r. Middle FO	STER Lost	4. DATE OF DEATH	I.	th 9	1960
	MALE	WHITE WIDOW		8. DATE OF BIRTH 7-28-18	,	9 AGE (In years lept birthday) yrs.	Months Doys	Hours Min
	RETIRED"	ON (Give kind of work done 10b.	*ind of Business or Indu	• MAR	ZLAND	ountry)	U.S.A	P WHAT COUNTRY?
13.	FATHER'S NAME	CHARLES FOST	TER	14 MOTHER'S A		N MUSHA	AW.	
15	WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.		NFORMANT S. Sadie	L.Foste	Brun:		aryland
HON	PART I. DE, /5/X Conditions, if a gove rise to code (o), stating lying couse last.	the under-	·,	NOT RELATED TO T	HETERMINAL DISEAS	E CONDITION GIV	ON	ERVAL BETWEEN SET AND DEATH L 19 WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	200 ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU- Hour o. m., p. m.	GAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Year 20d. II While	CRIBE HOW INJURY OCCURRED NJURY OCCURRED Not while k of work	D. (Enter nature of i	ome, form, 20f, {City		(County)	YES NO (State)
	21. I certify to olive on	not I attended the deceas	ed from, and that death	, 1944, a occurred at	> *AM, fran	-	ind an the da	aw the deceased lite stated above. DATE SIGNED
220	BURIAL CREMATIC REMOVAL Specify BURIAL	DN, 226. DATE THEREOF	PARK HETG	_	22d LOCAL BRUN	ION (City, town, C	or county)	(State)
23	FUNERAL DIRECTOR	S'S'SIGNATURE	ADDRESS SWICK, MARYLA		AN 1 2 60		STRAR'S SIGNATU	



certificate be



death.



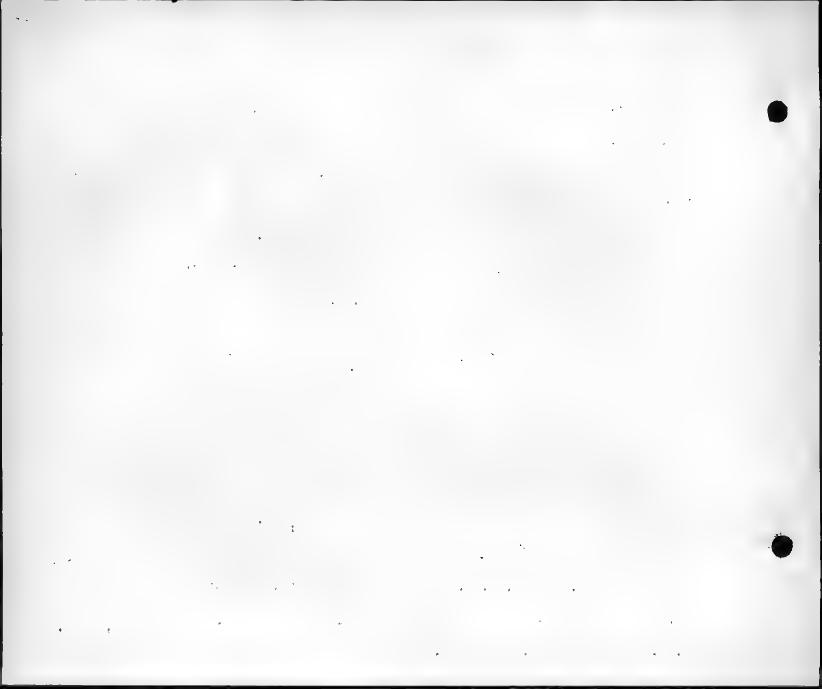
_			15.43						Reg. Dist. N	ło.	
	PLACE OF DEATH		~~~		2 USUAL RESIDE	NCE (Wh	ere deceased lived	If institution	n Residence bi	efare admission	1)
		Frederick	MARYL	AND		Mary!	land	COOMIT	Fred	erick	
I	CITY OR TOWN RURAL ond give	(If outside corporate limits, wr nearest town)		4 1b			utside corporate lin	nits, write RU	RAL and give i	negrest town)	
	Frederic	-	9 Years				erick				
	d. Name of Hosp or Institution Hood Coll	ITAL (If not in hospital, give st Lege	treet address)		d. STREET ADD		College			e IS RESIDI	ARM?
- 1	NAME OF DECEASED (Type or print)	First NORA	Middle BASSI	ER	Lost GROF1	5	4. DATE OF DEATH	Mont Janua		Doy Yes 22, 19	10
5 5	iEX	6 COLOR OR RACE 7. A	MARRIED NEVER MARRIED	□ B.	. DATE OF BIRTH		9. AG	E (In years		AR IF UNDER	24 HRS
F	emale	White win	OWED DIVORCED		November	3, 3	1874 85	birthdoy) yrs.	Months Day	rs Hours	Min,
10c	USUAL OCCUPAT	ION (Give kind of work done	10b. KIND OF BUSINESS OR	INDUST	TRY 11. BIRTHPLAC	CE (Stole	or foreign country)		12.CITIZEN	OF WHAT COL	UNTRY
	Domest	rking life, even if retired)	At Home		1	Penna	1.		US	A	
13.	FATHER'S NAME				14. MOTHER'S M	AIDEN N	AME				
	F	Herman Graybil	l			Fra	ances Bas	sler			
15	WAS DECEASED EV	FR IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INI	FORMANT			Addre	:55		
1	No	lit yes, give war or dates of services	None	Mr	s. L. Del	ldee	Truxall,	Sa,e	as iter	n #2	
	18 CAUSE OF DE	ATH [Enter only one couse p	per line far (a), (b), and (c).					,		NTERVAL BETW	
	PART I. DE	ATH WAS CAUSED BY:	Leute (no	70.0	- 1/h	1-04	Loren		0	INSET AND DI	EATH
	11200	DUE TO	1 CNG CN 00		7	/	1			/	7
	Conditions, if		(1. t-	1.	4-1/		1 1	1 - 13		/	
	gove rise to	immediate (- younged	un	THE P		I Same	<i>qui</i>			
	couse (o), stating	g ree under-	-								
z		THER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEAT	H BUT N	NOT RELATED TO T	HETERMI	NAL DISEASE CON	DIT ON GIVE	N IN PART 160	1 19 WAS AU	TOPSY
CATION										PERFORM YES 1	
IFIC	20a ACCIDENT V	VAS UNDERLYING [] 206.	DESCRIBE HOW INJURY OC	CURRED.	. (Enter nature of i	njury in f	Port 1 or Port II of i	item 18)		1 , [7] ,	10 []
CERTIF	OR CONTRIBUTING (IF EITHER, NOTIF	IG CAUSE OF DEATH Y MEDICAL EXAMINER)									
SAL	20c TIME OF INJU	JRY Month, Doy, Year 20	od INJURY OCCURRED	Oe. PLAC	CE OF INJURY (Ho	me, form	, 20f. (City or tov	vπ,	(Coun	tyl	(State
MEDICAL	Haur a.m.	10 11	/hile Nat while	focto	ory, street, office b	oldg., etc.	1			• •	
2	p. m.		0	-	/0	. 1	Ter. 1 22	/^			
		that I attended the dec				la_	im 22				
	alive an	fam LL	19 <i>6.0</i>	leath (accurred at_						
	ACTUAL C	1/1/1/1	7		Trank O	_	ADDRESS (Street, c	ity of lown, s	101e)	DATE :	MGNE
	SIGNATURE	VI.VI	easse	M	Last U	nurci	1 Street			1/43/	00
	PHYSICIAN'S NAME (Type)	A. A. Pearre,	M. D.		Freder	ick,	Maryland				
22 o	BUR AL, CREMAT	ON, 22b. DATE THEREOF	22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCATION (City, town, a	r county)	(State)	
В	REMOVAL (Specif	" 1/25/60	New Provid	ienc	e Cemeter	ry_	Lanca	ster C	ountv.	Pa.	
23	FUNERAL DIRECTO		ADDRESS			4a. REC'I	BY REGISTRAR	1	TRAR'S SIGNA	TURE	
M	R. Etch	nison & Son, Fr	rederick, Mar	Lan	d o	ATE J	N 2 5 '60	an	thur 8. H	taud.	
			···								

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the productor, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR A

VS A15 (4) 15M 9/5B



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VS A15 (4) 15M 9/58

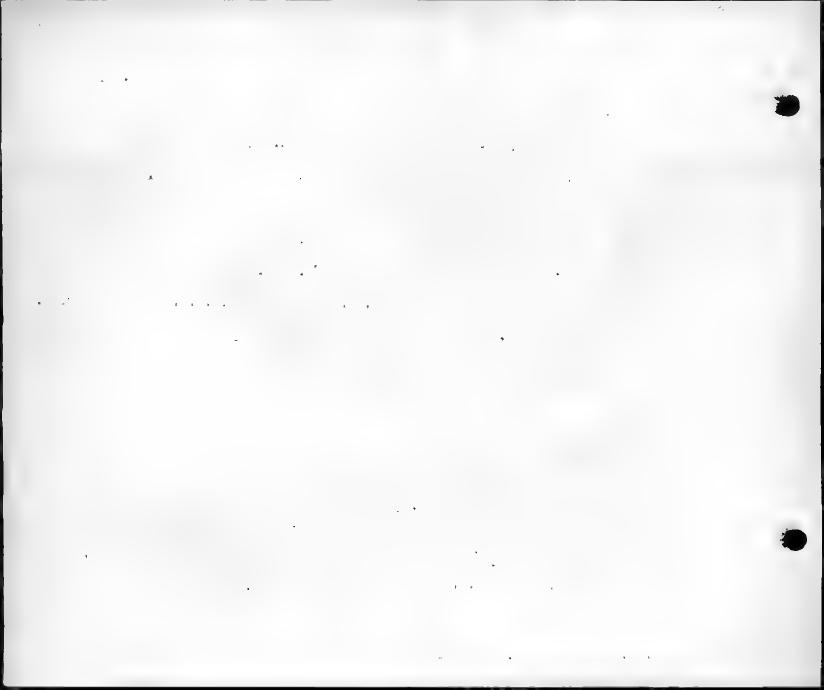
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CERTIFICATE OF DEATH

Page Dist. No.

				Reg. Dist. No.							
1. PLACE OF DEATH	11	2 USUAL RESIDENCE (Whe	re deceased lived. If institution b COUNTY	. Residence before admission)							
Frederick	MARYLAND	Marylan	d	Frederick							
b. CITY OR TOWN (If outside corporate limits, write c. LEN RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)									
	Life	// Frederick									
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS e IS RESIDENC									
Wynelle Mursing Home		116 E.	Church Street	YES NO D							
3. NAME OF First	Middle	Lost	4. DATE Month	Day Year							
(Type or print) RUTH	ELIZABETH	HALLER	of Janua								
S. SEX 6. COLOR OR RACE 7 MARRIED .	NEVER MARRIED KK 8	DATE OF BIRTH		Months Doys Hours Min.							
Female White WIDOWED	DIVORCED	July 30, 18	86 73 yrs	monina Boys Hours Min.							
100 USUAL OCCUPATION (Give kind of work done 10b, KIND O during most of working life, even if retired)	F BUSINESS OR INDUSTR	RY 11, BIRTHPLACE (State o	r foreign country)	12 CITIZEN OF WHAT COUNTRY?							
At F	Iome	Marylan	d	USA							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME								
Thomas H. Haller		Cora E	. Bowers								
IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Time, no, or unknown)										
No None Mr. T. Stuart Haller, R.F.D. #6, Frederick, Md.											
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).1											
PART I. DEATH WAS CAUSED BY. Congestive Heart failure acute 4hr											
420.0 DUE TO 6			7								
Conditions, if ony, which)	in le to	Lloat	Dineano	10 mat							
gove rise to immediate			W- Jary Jac	7077							
couse (o), stoling the onder-											
(4)	UTING TO DEATH BUT N	OT RELATED TO THE TERMIN	ALDISEASE CONDITION GIVE	N IN PART I(n) 19, WAS AUTOPSY							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIB				PERFORMED?							
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO	OW INJURY OCCURRED	(Enter nature of injury in Pa	art I or Port II of item 18.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
20c. TIME OF INJURY Month, Doy, Year 20d INJURY CO. M. While No. 19 of work of	E a sik a	E OF INJURY (Home, form, ry, street, office bldg, etc.)	20f. (City or town)	(County) (State)							
To Hour o.m. White No No White No No No No No No No No	of while Todas	y, areon, office bidg , etc.)									
21. I certify that I attended the deceased fra	m ////	. 1960 to 1	/// 1960+1	hat I last saw the deceased							
1 1				an the date stated above.							
	, and mai deam a		DDRESS (Street, city or town, st								
ACTUAL LO	- 9	. I. Foot Ch	unch Chrock	1/13/60							
SIGNATURE THEY WAS	M.	ьц. Базььп	urch Street								
PHYSICIAN'S Henry V. Chase, M.D.	•	Frederick	, Maryland	1/13/60							
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. N	NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City town, or	county) (Stole)							
Burial 1/11/60 Mor	unt Olivet (Cemetery	Frederick,	Maryland							
23. FUNERAL DIRECTOR'S SIGNATURE AL	DDRESS	24a. REC'D	BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE							
M. R. Etchison & Son, Free	derick, Mary	yland DATE JA	N 1 4 '60 Ch	Clum S. Firand							



VS A1S (4) ISM 9/58

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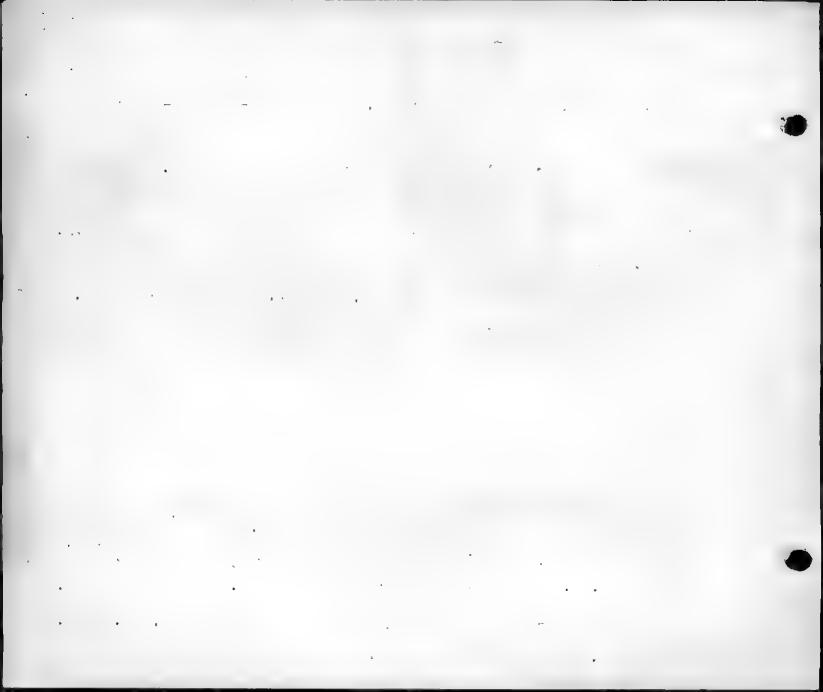
ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8	
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CERTIFICATE OF REATH

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		B	670	CERTIF	ICAI	E Or DE	АІП			Reg. Di	st. No.		
	PLACE OF DEATH D. COUNTY	Frederick	0 • 0	MARYLA		usual resider	NCE (Where do		. If instituti b. COUNTY	on: Resider	deri	odmissik CK	on)
	CITY OR TOW RURAL and give F100 den	N (If outside corporate limits, le negrest town RD 3	write a LEI	NGTH OF STAY IN	rs.	e city or to	WN (If outside .erick-				_		
	d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospital, giv ON	e street address	9)		d. STREET ADD	PRESS					IS RESII ON A I YES	FARM?
	NAME OF DECEASED (Type or print)	Mar y		abeth		per	4. D. O DI		Jan.	**2R	Day	Y.	egr 6
5. : •	male	White	MARRIED	NEVER MARRIED	_ 7	ATE OF BIRTH	1872	9. AC	iE (In years 7 birthdoy) yrs.	IF UNDER	Doys	Hours	Min
10a H	USUAL OCCUP. during most of to OUSEWI.	ATION (Give kind of work do working life, even if retired) 1 0		of Business or Home	INDUSTRY		E (State or fore Iar yla			12. CIT	U.S		DUNTRY
13.	FATHER'S NAME Fran	klin Stottl	emyer		١	4. MOTHER'S M	Moria	n Ja	ckso	n			
15. (Ya:	WAS DECEASED, no. or unknown)	EVER IN U. S ARMED FORCE (If you, give wor or doles of serv	S? 16. SOCIA	L SECURITY NO.	Mrs	Earl	Putma	n I	rede		, Md	•	RD
	PART I.	DEATH [Enter only one caus DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO	e per line for (LL! (ie C	6 De		(INTER	VAL BET	WEEN DEATH
		if any, which (b) (b) immediate DUE TO		m, p.m.							*	·′	
CERTIFICATION		OTHER SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEAT	H BUT NO	T RELATED TO T	HE TERMINAL D	SEASE CON	IDITION GIV	VEN IN PAI		PERFOR	UTOPSY RMED? NO []
	200 ACCIDENT OR CONTRIBUT (IF EITHER, NOT	WAS UNDERLYING 1 2 ING 1 CAUSE OF DEATH IFY MEDICAL EXAMINER	Ob. DESCRIBE F	IOW INJURY OCC	OURRED (I	inter nature of i	njury in Port 1 c	r Part II of	item 18)				
MEDICAL	20c. TIME OF IN Hour a. p.	m.		OCCURRED 2 lot while twork	0e. PLACE factory	OF INJURY (Ho , street, office b	me, farm, 20f. Idg., etc.)	(City or to	wn)	(County)		(State
	21. I certify olive on	that I attended the a	leceased fro	_, and that d	M.D	22 8/	ADDRE	om the (, 19/2 (couses on the couses on the couses on the couses); 24	d on th		stated	
220	PHYSICIAN'S NAME (Type) - BURIAL, CREMA		omas,			ssione			Fred		κ,	Md.	
Bı	BENOYAL (Spe	1-31-60	ប	tica Ce		ry	U	ica	City, town, Fred	. Co	7.0	Md.	1
	Laymono	ors signature on	The same	rmont,	Md.		4a. REC'D BY R ATE FFR 2	160	-	STRAR'S SI			



3			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
•			1 tem 2 Fil. 6254 1-21-60 et CERTIFICATE OF DEATH Reg. Dist No. () () 647
de 4 tior, with		<u> </u>	PLACE OF DEATH / 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence defines and
D. S.	1		o. COUNTY FER CHICK MARYLAND O. STATE M. S. COUNTY FEE C.
# E & X	1		b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
語			Trederick S-MONTHE!/Trederick
afte the 2 sho	15	2	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS 30 Lincoln Aypts. e is residence on a farm?
in by		1/2	NAME OF First Middle Lost 4. DATE Month Day Year
24 P			NAME OF Lost Lost A. DATE Month Day Year OF Pirst Month Day Year OF DEATH 13 19 66
thin ly fu		5.	SEX 16 COLOR OR RACE 7 MARRIED NEVER MARRIED S DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
d wi			WIDOWED DIVORCED 6 -10 -1906 53 yrs. Months Doys Hours Min.
ecute comp pape ath.	-	100	. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
<u> </u>	*	2	WNING- FACTURY Tred, CO, Md. U.S.A
	1.	Ľ	FATHER'S NAME
certificate & g physician remove car 72 hours afti		<u> </u>	WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO INFORMANT Address
carfi vg pl rem 72 h		(Yo	100 oguntyrown) (1) yes, give war or doles of service) UNKNOWN Nettle-Henderson-104W. ALL SAINTS
deoth trendir please vithin		F	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1
of of the d			PART I. DEATH WAS CAUSED BY: ONSET AND DEATH TRANSPORTED STAND DEATH
of the The ever			491X DUE TO
es the	1		Conditions, if any, which (b).
quir gan d in			couse (a), stating the <u>under-</u>
icion een st anst		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART 1(m) 19. WAS AUTOPSY
physology os b rol-tr	0	ğ	Cetéltal / Emertlage
AN: The anding icate he bur an rem		CERTIF	206. ACC. DENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port) or Part !! of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
SICI officertiff as thon,		MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)
PHY ol or this of		MED	Hour a m. While Not while foctory, street, affice bldg , etc.) p. m. 19 of work of work
Spits frer 1 d for II, cr			21. I certify that I offended the deceased from 1954, to 4 12-, 160, that I lost sow the deceased
TOR: Afderochec			alive on the date stoted obove.
			ACTION ADDRESS (Street, city op town, stote) DATE SIGNED
OR / nned b			SIGNATURE / There MD. 1. 11 (18 of the St Tribung Toos gary 46
HOSPITAL O oy be retaine FUNERAL DI oge 3 should ie registrar pr	- /		PHYSICIAN'S H.F.K. IINE Fladeligh . Karef Could-
O ~ = 2 -		220	BUR AL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town prounty) (State)
O O O		1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 240 REC'D BY REGISTRAR'S SIGNATURE
VS A15 (4)	d	6	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE DATE AND 18'60 CITCLE 1. Frames
15M 9/58			The first of the second of the



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			0671	CER	TIFICA	ATE OF L	PEATH	1		Reg. Dist. N	6.	/
1.	PLACE OF DEATH COUNTY	7 1 . 1 .		M.	ARYLAND	a. STATE		ere deceased	l lived If instituti			on)
	b. CITY OR TOWN (if RURAL and give ne	derick outs de corporate lim	its, write	c. LENGTH OF ST	TAY IN 1b	c. CITY OR			rote limits, write F	ederick URAL ond give n		1
L	Rung 7		e	. 8 day	<u> </u>	17 - "	w Mi	dway				
	OR INSTITUTION	Riggs Hos	pita	1		d. STREET A	DDRESS	a l			e IS RESID ON A I YES 🔀	FARM?
3	NAME OF DECEASED (Type or print)	Myrtle	rst M	A W	Haug!	h.	it	4. DATE OF DEATH	Mai tan	26	/	960
S.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MA	RRIED	B DATE OF BIRT	Н		9 AGE (In years last birthday)	IF UNDER 1 YEA Months Days	R IF UNDER	R 24 HR Min
10.	Female	White.	WIDOWE	-4	RCED	Jan 22	18	88	72 yrs			
	HOLSEIVI	ing life even it retired	done 106. I	16 44		MA A	RYLI	or foreign co	υπίτγ)	112 CITIZEN	SP WHAT CO	DUNTR
13	FATHER'S NAME					14 MOTHER'S	MAIDEN N	IAME	No. 1 and			
15	WAS DECEASED EVER	95 /V A	C /1 /	E T OCIAL SECURITY	NO I	NFORMANT	HN	NABE	ELE	5/11/	H	
		If yes, give war or dates of		NANE	1/2	PRALL	HAI	BH	A'FIN D	1104 A	V /	710
		TH [Enter only one of	zuse per line	e for (a). (b). and	(c).]	11.0	71170	M. J.	/	Į į Ņ	TERVAL BET	WEEN
		TH WAS CAUSED BY IMMEDIATE CAUSE (0		mbosis				Of	SET AND S	
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	Conditions, if on)	Cerebra	11 At	erioscl	eros	is		u	nknov	wn_
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z	lying couse lost.	ER SIGNIFICANT CON	/	Diabete	s Me	llitus	N THE TERMS	NAME DISCOUR	COMPITION	CENT INT DARK 11-3		ers
ICATION			_	ONTRIBUTING TO	DEATH BUT	NOI KEJAIEB IC) THE TERMI	NAL DISEASE	: CONDITION GI	VEN IN PAKT (0)	PERFOR	RMED2.
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MEDICAL	20c TIME OF INJURY Hour a.m. p. m	Month, Day, Ye	While	Nat while of work	20e PL fo	ACE OF INJURY (clary, street, affic	Home, form e bldg., etc.	20f. (City	ar fown)	(Caunt	r)	(Star
1		at I attended the	1 .		10	. 150	, ta .T	an 26	19.6	Othat I last so	w the de	
	alive onJaj				,	accurred at	1.30	A, fram I		nd an the da	te stated	
	ACTUAL SIGNATURE	Jesef		Jer	w	ho		ille				
	PHYSICIAN'S NAME (Type)	ncanh Ta										
220	BURIAL, CREMATION	225 DATE THERE	OF	22c, NAME OF C	EMETERY C	R CREMATORY			ION (City town,		(State))
12	SURIAL	112916	0	175 1	107E	1			10DSB		11/1	2_
23	FUNERAL DIRECTOR'S	SIGNATURE THE	will	ADDRESS	V 7	nd		d by Registi 1 2 9 '60		STRARS SIGNAT		
4	engores /	150-114 1	11071	61911		1 66.1						

death. Page 4 may be retained by the hospital or oftending physicion

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours of perdectify. 1.60 ITENDING PHYSICIAN: The law requires that the death certificate be executed within 2 hours

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TO HOSPITAL Q VS A15 (4) 15M 9/SB



ADDRESS

22d. LOCATION (City, town, or county)

246. REGISTRAR'S SIGNATURE

Certina S. Krous

240. REGID BY REGISTRAR

(State)

VS A15 (4) 15M 9/SS

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE



1 .	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2	0644 CERTIFICATE OF DEATH Reg. Dist. No.
Page 4	1. PLACE OF DEATH o. COUNTY ERED FREE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND D. COUNTY ERED FREE RELEX OF THE PREE O
be file	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
the should be t	### DLRICK 1111-K X LIBERTYTO 10 A d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. 15 RESIDENCE
yr >= 01	OR INSTITUTION ALL PIC RITTL HGS PITAL / MAIN ST YES NO E
24 hour	3. NAME OF DECEASED (Type or print) Edith B Hoffman Day Year DEATH Jan 18 1960
d within selectly fill	5. SEX 6. COLOR OR RACE 7. MARRIED FINEVER MARRIED 8. DAFE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. last birthday) WIDOWED DIVORCED 15 1887 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Y(1) Y(1) Y(2) Y(3)
execute id comp n paper death.	100. USUAL OCCUPATION (Give kind of work done done during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 13 CITIZEN OF WHAT COUNTRY? 14 CITIZEN OF WHAT COUNTRY?
ote be e ician on s offer	13. FATHER'S NAME ALIGUESTUS TITLER 14. MOTHER'S MAIDEN NAME CCRDELIA ECKER
g physician removes	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no. or unknown] (If yes, gave wor or dates of service) ACDA! WAS TEMAN
ofing ase of in 72	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]
offen n ple r with	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Branchof neumonia bilate a Say
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res the bear it.	Conditions, if ony, which gove rise to immediate DUE TO
requirements of second in sign	lying couse lost. (c)
ohysic as bee al-tro aval,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES ON OF THE PROPERTY OF THE PRO
IAN: The ending ficate he buring or remo	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
PHYSIC of ar all his certification	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work
DING haspin After I hed far	21. I certify that I attended the deceased fram 300 / 7 , 1960, ta 40, 18 , 1960, that I last saw the deceased alive an 1960, and that death occurred at 93 / 1960, from the causes and an the date stated above.
deroc to bu	ADDRESS (Street, city or town, state) DATE SIGNED
OR O	SIGNATURE Henry Chase M.D. 47. Churth Al 1/18/60
rtAL RAL Shaul	MAME (Type) Honry V. Chase Fashirch Maryland
HOSP may be FUNE page 3	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or cognity) (Stole) **TOTAL CREMATION 1/21/1960 1000
2 2	23. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS / 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	It Hait, by I serve telestection Mid DATAN 21'60 arily & King



Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by hospital or attending physician.

VS A 15M

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5 3 (H	3	1, 7	LACE OF DEATH				2. USUAL RESIDENCE (Where deceased liv		Residence befor	e admission)
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2 a	i	b	CITY OR TOWN RURAL and give	(If outside corporate limit	s, write c. LENGTH C	OF STAY IN 16	c. CITY OR TOWN (I	outside carparate	limits, write RURA	L and give nea	rest town)
2			FREDER		Since	1947	11 FREDER	ick			
P S		-	NAME OF HOSP	ITAL (If not in hospital, gi	ive street oddress)		# d. STREET ADDRESS				e. IS RESIDENCE
~ C	9		FREDER		CIAL HUSPI	TA1	160 EAS	r churci	1 STREE		ON A FARM?
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<u> </u>		C	ECEASED	Fin	^	Middle	lost	4. DAYE OF DEATH	Month	Day	y Yeor
Poges			Type or print)	Milt		055	HOLLIS		JANUAR		1960
2 C		5. S		6. COLOR OR RACE	7. MARRIED T NEVEL		8. DATE OF BIRTH	9.		onths Days	Hours Min
and complete on papers. If death.			TALE	WHITE		IVORCED 🗌	9-6-188	(0)	73 yrs.		
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g c 6	- 1	C.	Lerk-Dept	rking life, even if retired) • Store	Shoe De	partment	WEST	IRGINIA		U.S.	4.
<u>ିକ୍ୟ</u>		13. /	ATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
0 2 0				RARFRT	HOLLIS		MELL	NDA FU	MK		
Pys Tour			WAS DECEASED EV	ER IN U. S ARMED FOR	ES? 16. SOCIAL SECU	RITY NO. 17. II	FORMANT		Address		
72.5		, 1 us,	Yes	It yes, WWI or dores or to	^{~~} 218-28-0	137 Mrs	. Nellie T.	Hollis	(Same as	item #	2)
ii. Ose		H	18. CAUSE OF DE	ATH [Enter only one car	use per line for (a), (b),	and (c).]				LINITE	RVAL BETWEEN
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å † 5	0	CATION	PART II. O	THER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CO	INDITION GIVEN I	N PART 1(0) 1	P. WAS AUTOPSY PERFORMED?
Se jui	0	L₩Ł									YES NO I
o per constant of the constant		52	OR CONTRIBUTION	G LI CAUSE OF DEATH I	205. DESCRIBE HOW IN	JURY OCCURRED). (Enter nature of injury i	n Port I or Port II (of item 18.)		
5 축 6		اندا		MEDICAL EXAMINER)							
cert afigure		MEDICA	20c. TIME OF INJU Hour e. m.	RY Month, Doy, Yea		for a	ICE OF INJURY (Home, for	rm, 20f. (City or	lawn)	(County)	(State)
SE S		ME	p. m.	19	While Nat while at work	· ·	~/				
ָר בַּרַ בַּרָּ			21. I certify t	hat I attended the	deceased from	July	, 1952, to 1	BALLAGI	31 10/00 1	at I last so	w the deceased
Am oched buriol,			alive on JAN			d that death	occurred at 11:30				
o de de					1/1	and Gegin	occorred doz.		. city or lown, state		DATE SIGNED
be det		П	ACTUAL	11. (1, 7x	Contelle	3.	- F1-18	M. M. Cost.	1 13	WF	2.12/10
E			SIGNATURE		. 0,7 -	/ 	W.D.	1		/5	-211160
3 should gistrar p			PHYSICIAN'S NAME (Type)	Charles H. C	onley, Jr.	M. D.	- FC	Kires.	G 37.	1 1	
PNEKAL e 3 shou registrar				ON, 226. DATE THEREO	F 1994 NIA44E	OF CEMETERY OF	COSTAGON	Ima Locution	Lice .	- 61 -	
pe de		В	REMOVAL (Specif	2-3-60			Cemetery	Frede	cick, Mar	yland	(State)
5 g =		23 1	UNERAL DIRECTO		ADDRES			C'D BY REGISTRAR			
15 (4) 9/55				chison & Son			and DATE			S. Kraus	
9/55		_					DATE	<u> </u>	Commi	A. HANN	



06

OF HEALTH—BALTIMORE, 18

00652

			064	AS I	tems CERTI	FICA	IE OF L	PEATH	et		Reg. Dist	. No.	410	000
/	1, 1	COUNTY Er	derick		MARY	LAND	2. USUAL RESI	DENCE (Who	re deceased	lived. If instituti b. COUNTY		before o	dmlasion	1)
	1	b. CITY OR TOWN (RURAL and give n	If outside corporate lim	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR	OWN (If ou	itside corpor	ote limits, write R	URAL and giv	re neares	lown)	
			ed 2341 CR		1 mo	,	X Walkersville							
7	(OF INSTITUTION	TAL (If not in hospital,)	ive straet مرکزی	oddress)		d. STREET A	DDRESS				1 1	S RESIDI ON A FA	ARM?
	3	NAME OF	Fi	31 31	Middle	4	los		4. DATE	Mor	ith	Doy	Yeo	
		DECEASED (Type or print) (HARLES		DAVID	H.	OLTZ) PLE	OF DEATH	Jan		3	19	60
	5. \$	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	EDÆ 8	DATE OF BIRT	188	1	9. AGE (In years lost birthday)	Months D		UNDER	24 HRS
		Male	White	WIDOW			au 17	11813	10	78' yrs.	AROHIMS L	oys H	ont	Min.
	100	200	ON (Give kind of work king life even if retired	done 10b.	KIND OF BUSINESS C	R INDUST	RY 11. BIRTHPS	ACE (Stote o	r foreign co	untry)	12. CITIZ	EN OF V	VHAT CO	OUNTRY?
	13.	FATHER'S NAME	TOTAL		2 wall		14. MOTHER'S	MAIDEN N	AME,		110	<u>: - 3, </u>		
ľ		John	Holto	role	2		aux	ice 2	ona	,				
	15. Yu	WAS DECEASEDEN	ER IN U.S. ARMED FOI (If yet, give wor or done of	CES? 16.	SOCIAL SECURITY INC	17 INI	ORMANT	• 6	.,!	Add	ress		,	
		no	<u> </u>	13	6-22-1863	11/2	n Bess	ru t	reta 1	Malker	welle.	<u>, n</u>	<i>d</i> .	
			ATH [Enler only one of ATH WAS CAUSED BY:	ouse per h	ne for (a), (b), and (c).]	10/	1	0'	*		INTERV	AL BETW	
		6 - 4	IMMEDIATE CAUSE (46 th 122-15	euch	166 16/2	- file	e list			.5 .	. C.	p2 4 6 Co
		420.1	DUE TO	11	The see in	. , .	det	rouce	0.62	25 66		102 0		
		Conditions, if a gove rise to i	immediote (1600	- M Jees Le	<u></u>	72, 1						2	·
		couse (o), stating lying couse lost.	the <u>under-</u>											
2	CERTIFICATION	PART II OT	HER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART		PERFORM	NO IN
	RTIFIC	20g. ACCIDENT W.	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture o	f injury in P	orl I or Port	If of item 18 }		- "	., □ .	1013
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
	MEDICAL	20c. TIME OF INJUI Hour o. m.		or 20d I While	NJURY OCCURRED Not while	20e PLAC	E OF INJURY (Home, form, bldg., etc.)	20f (City	or town)	(Co	onty)		(Stote)
	M	p. m	19	of wo										
			hat I attended the	deceas			, 19 <u>2</u> /							
		alive on	<u>un de la companya de</u>	, 194	252 and that	death (iccurred at			the causes o		e date	stated	above.
		ACTUAL SIGNATURE	Joseph F.	". L.	1. to the see		2	2.1/		est CC	siore)	ila	- J	SIGNED
		4	TONET.	r _1	DETTR	1 21	/ /	ا برخ سازخ بالدران ا				fee.		
		PHYSICIAN'S NAME (Type)	ERNLS	710	Pr ((P)	/ /-//		1	2 2 1	2 E A				
	220	BURIAL CREMATIC	ON, 226. DATE THERE)F	22c. NAME OF CEM	ETERY OR	CREMATORY		224 LOCAT	ION (City, town,	or county)		(State)	1
		Burial	1/5/6	2	Int Hop	e le	netery	/	Woo	debaro	-		THI	
	23.	FUNERAL DIRECTOR	'S SIGNATURE	1	ADDRESS /		2.11	240. REC'D	BY REGISTING 160		STRAR'S SIGN		-	
		- W. C LJC	UUUNL		alkersn	100	mcl.	DATE			Than & A	cracef		

may be retained to TO FUNERAL DIREC VS A15 (4) 15M 9/55



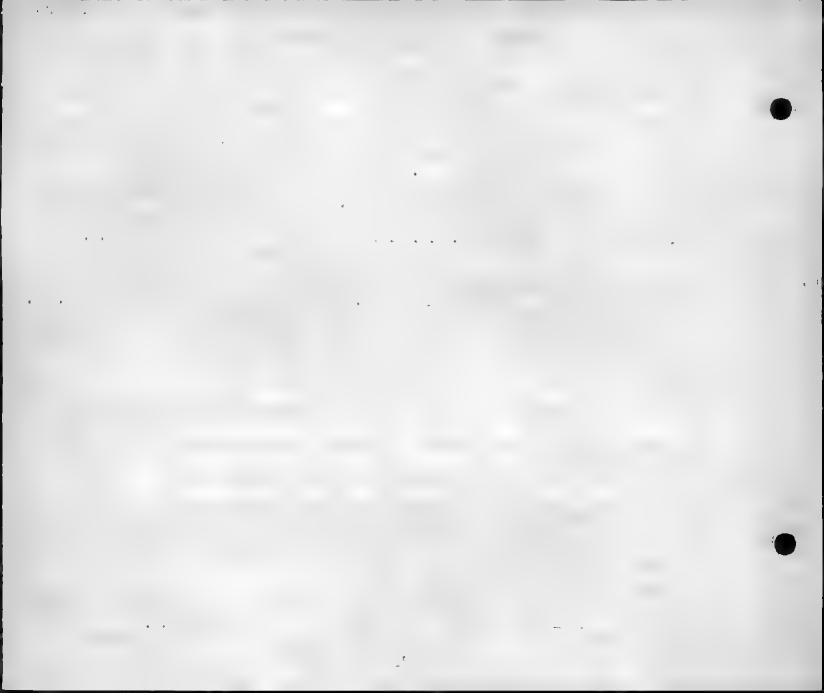
VS A15 (4) 15M 9/S5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00653 Reg. Dist. No.

		(0647	CERTIF	IC/	ATE OF D	EATH	l		Reg. Dist. No		0,0	
1.	PLACE OF DEATH o. COUNTY Frederick			MARYLAND		2. USUAL RESIDENCE (Where deceased lived o. STATE Maryland b.			I If institution b. COUNTY				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town). TROUGHLER			c. LENGTH OF STAY IN	c. CITY OR T	RAL and give ne	AL and give nearest fawn)						
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Memorial Hospital					d. STREET A		ac Ave.				IDENCE FARM? NO 🔼	
3.	NAME OF DECEASED (Type or print)		RON	Middle E .		446,		4. DATE OF DEATH	Month January			Year 19 60	
S.	sex Male	6. COLOR OR RACE	7 MARRIE	DIVORCED	_	B. DATE OF BIRTH	1, 18	1		Months Doys			
	during most of we	ION (Give kind of work orking life, even if retire or of Dolli	d)				,	or foreign country)	12. CITIZEN C		COUNTRY	
	3 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 12. Corge Hughes 1. Laura ?												
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address No no 10 year wor or derive of service) 090-10-6134 Mrs. Elinor Markey Hughes Braddock Hgts. Md.												
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if ony, which (b)													
Z	cottse (a), statin	<u>. </u>	[c)	ONTRIBUTING TO DEAT	H RUT	NOT RELATED TO	THE TERMIN	VAL DISEASE CON	IDITION GIVE	N IN PART 1(a)	IO WAS	AUTOPSY	
CICATIO	S Provident of the destination of the Asset Asse										PERFO	RMED?	
												4P+ - 1	
MEDICAL		19	While at work	Not while at wark	for	ctory, street, affice	bldg., etc.			(County)		(State)	
	21. I certify that I attended the deceased from The 1, 1958, to Tai 1 , 1963, that I last saw the decease alive on 1963, and that death occurred at 2 PM, from the causes and on the date stated about												
	ACTUAL SIGNATURE Storm & Storm M.D. 4Whot Thin St											ATE SIGNE	
	PHYSICIAN'S NAME (Type)	Thoma		STON	12			ird Str		rederic	k, Ma	uylar	
L	20. BURIAL, CREMAT REMOVAL (Speci Gremation	1-12-19		Cedar Hill	_			22d. LOCATION Washing	gton D.	C.	(State	0)	
2.	Johnston	OR'S SIGNATURE	2/ F2	Frederick,	, M	aryland	DATE AN	BY REGISTRAR	1	irar's signatu mt S. Kar			



that the death certificate be executed



e. IS RESIDENCE ON A FARM?

YES NO 🔼

19

Frederick

960

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

more

PERFORMED? YES TI NO T

(State)

(State)

U.S.A.

Rea. Dist. No.

Manth

Address

Months

puo physician attending gned lay be retained by FUNERAL DIRECTOR: 0 VS A15 (4)

9

filled

a) e

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cam

231 FUNERAL DIRECTOR'S SIGNATURE Raymond F. Creager

ADDRESS Thurmont, Md.

24a REC'D BY REGISTRAR

24Ь. REGISTRAR'S SIGNATURE

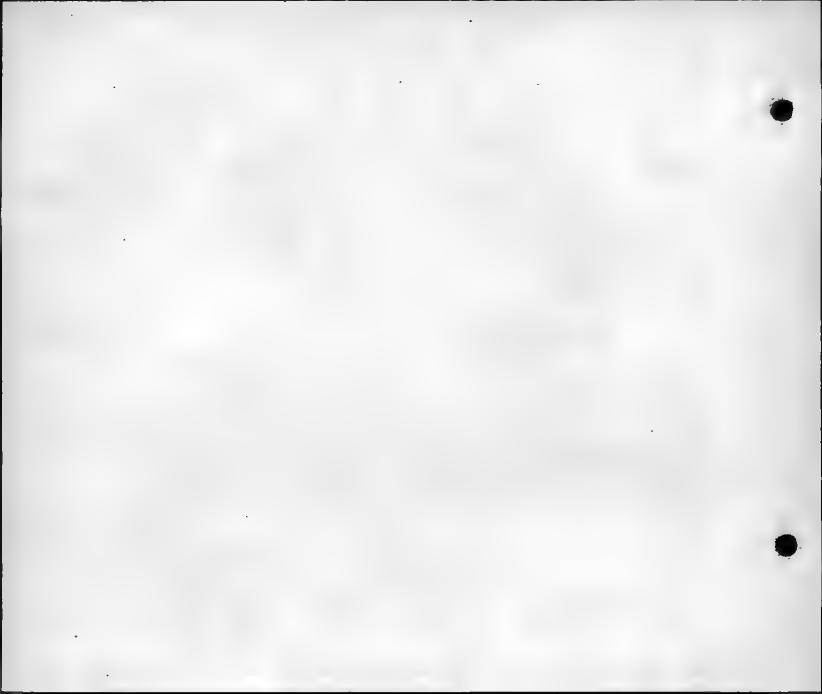
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Maryland



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



after

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 9/55

06658

Reg. Dist. No.

	COUNTY	MARYLAND	a. STATE	b. COUNTY	before admission)
- (b. CITY OR TOWN (If outside corporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I) outside corp.	prote limits, write RURAL and gi	ve nearest fown)
	RURAL and give nearest lown)	+ dais	1 7 The Plice	saut.	
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	e street address)	d STREET ADDRESS		o. IS RESIDENCE ON A EARM?
	Friduck Municy	cal Itago.			YES 1 NO 🗎
	NAME OF DECEASED (Type or print) EDWARD	Middle	MERCER PARTE	Jan.	7 19 6 C
5. 3	SEX 6. COLOR OR RACE 7	MARRIED 1 NEVER MARRIED	8 DATE OF BIRTH		YEAR IF UNDER 24 HRS.
_		VIDOWED DIVORCED	may 12, 1871	87 yrs.	
10a	 USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) 	ne 106 KIND OF BUSINESS OR INDI	JSTRY 11/ BIRTHPLACE (Stote or foreign	country) 12. CITI.	ZEN OF WHAT COUNTRY?
	Farmer	own farme	maryland	·	v.S.A.
13.	FATHER'S NAME	V	14. MOTHER'S MAIDEN NAME	12.	
L	WAS DECEASED EVER IN U. S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17.	HIPORMANT	Address	
	a, no. or unknown) [If yes give with or dotte of serv		vrs. Edward mer	cer nit Pin	esaist mid.
	18. CAUSE OF DEATH [Enter only one coust PART I. DEATH WAS CAUSED BY:	e per line for (a), (b), and (c)]	Tevil failure		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (6)_ DUE TO				13.5/5
	Conditions, if any, which) (b)_	inti, whin I	duder at on	la luit	course dece
	gove rise to immediate DUE TO				
	lying cours last. (c)_				
ATION	PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO 7
CERTIFICATION	200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	06. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port 1 or Pa	rt II of item 18)	
MEDICAL	20c TIME OF INJURY Month, Doy, Yeor Hour a m.		LACE OF INJURY (Home, form, 20f. (Citatory, street, effice bldg., etc.)	y or fown) (C	ounty) (State)
ME	p. m ° 19	ot work at wark			
	21. I certify that I attended the a				ast saw the deceased
	alive on	, 19.4 , , , and that deat	h occurred at-FCFF M, fra		
	ACTUAL SIGNATURE (ELLE T)	- Stitt in	M.D. 126-3	Street, city or town, state)	DATE SIGNED
	PHYSICIAN'S E. PAEST	A. DETTBALK	ed B	person .	
220	BURIAL CREMATION, 22b DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCA	ATION (City, town, or county)	(Stole)
	Exercise 1/11/60	Chapel	Cemelery! Mr.	Libertytown	med.
23.	FUNERAL DIRECTOR'S SIGNATURE /	Most to same	DATE JAN 1 1	160 24b. REGISTRAR'S SIG	
_				1 4	- CANAGO

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



TO HOSPITAL OF

VS A15 (4) 15M 9/5B

MARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE.	18
	+ · · · · · · · · · · · · · · · · · · ·			

OCTA CERTIFICATE OF DEATH

	U.U		Keg. Dist. No.					
\	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where dec	eased lived. If institution. Residence b	pefare admission)			
7	Frederick	. MARYLAND	Maryland	b. COUNTY Frederi	ck			
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside o	arporate limits, write RURAL and give	neorest town)			
	Rural Middletown	2 years	XMiddletown					
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION VALLEY VIEW NURSING HO	oddress) DM e	/ d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO-			
	3. NAME OF First DECEASED	Middle	Last 4. DA		Day Year			
	(Type or print) Ada		LITTICI	ATH 1 2				
	female white widow		3/22/1875	9 AGE (In years IF UNDER 1 YI Months Day	EAR IF UNDER 24 HRS ys Hours Min.			
	10a. USUAL OCCUPATION (Give kind of wark dane 10b during mast af warking life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fore)	gn country) 12.CITIZEN	OF WHAT COUNTRY?			
	housewife	own home	liary aa n	ud_ U.S				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	George P. Wiles		Hester Klin	ie				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unknown) (If yes, give wor or dates of service)		ormant . Herman Schr	oyer, Middleto	wn, Md.			
	1B. CAUSE OF DEATH [Enter only one cause per li	he for (a), (b), and (c).]	/		INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	irebral 146	morrhage		C1959			
	331X DUE TO	1 10-	4-1-					
	Canditions, if any, which (b) (b)	wanced wi	ereo Seleroses					
	cause (a), stating the <u>under-</u> DUE 10							
	Iying cause last, (c)	CONTRIBUTING TO BEATURET	LOT BELLYED TO THE TERMINAL DIS	CEACE COMPLETION COVER IN BART IV	JID WAS AUTORSY			
}	CATIO			·	PERFORMED?			
		CRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part 1 or	: Part II of item 18)				
	Oc. TIME OF INJURY Manth, Day, Year 20d. I Haur a.m. 19 dt war	Lanta	CE OF INJURY (Hame, farm, 20f.	(City or town) (Casi	nty) (State)			
	p. m. 19 White at war	Nat while racio						
	21. I certify that I ottended the deceas	sed from aug	1959, 10 Jan 2	26 , 1960, that I lost:	saw the deceosed			
	olive on you 19 , 196		occurred atM, fro	om the couses and on the d				
	0 70	,, /	- ADDRES	SS (Street, city or lown, state)	DATE SIGNED			
	SIGNATURE & Elmer	Horp	.D. Middle	town ind	1-27-60			
	PHYSICIAN'S Dr. J. Elmer 1	Harp .	Middleto	own, Md.				
	22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LC	OCATION (City, town, or county)	(State)			
	burial 1/29/1960	210-14-11-1	etery Hid	ldletown, Md.				
kc _h	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY RE					
	Cladhill Company. 1	Middletown. M	C DATE FEB	1 '60 0000	and the same of th			



TO HOSPITAL OF

VS A15 (4) ISM 9755

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ARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
30	59 6	PRTIFICATE	OF DEATH		

L				· CERTIFIC		L OI DEA		•		Reg	j. Dist. N	0.	
1,	PLACE OF DEATH				2	USUAL RESIDENCE	•		d lived. If institution	_			ision)
L	o. COUNTY Fred	erick		MARYLAND	Maryland Frederick								
	RURAL and give p		write	c. LENGTH OF STAY IN 15	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
_	Frederi			Life	1/	/ Frede		TCK					
,	d. NAME OF HOSPI OR INSTITUTION 740 North	IAL (If not in hospila), give Market Stree	street o	oddress}	1	d. STREET ADDRESS		nth Mi	arket Str	ont	h.	ON /	SIDENCE A FARM?
			U		1		YU		TIVEC DOI	661		YES [J
3.	NAME OF DECEASED	First KATI	Er.	MAY	7	MORGAN		4. DATE OF DEATH	Mon		aary	9 ,	Yeor 19 60
-	(Type or print) SEX			IED NEVER MARRIED		ATE OF BIRTH		DEATH	9. AGE (In years		NDER I YEA		
I _	emale		IDOWE		1		5		birthdoy)	Mon			Min.
	. USUAL OCCUPATION	ON (Give kind of work don		KIND OF BUSINESS OR INDE	JSTRY			or foreign c		112	2. CITIZEN	OF WHA	T COUNTRY
	during most of wor House⊶ਜ	king life, even if retired)		At Home		Marvlar		•			USA	,	
13.	FATHER'S NAME				1.	. MOTHER'S MAIDE	NN	IAME					
	James E.	Jones				Laura E	• 1	Baker					
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES		SOCIAL SECURITY NO. 17.	INFO	RMANT			Add				
	n, ng or unknowe) NO	(it yet, give war at come to territ	*/	None h	irs	· Margare	ե 1	V. And	ders (Sam	10 8	as ite	em #1	.)
		ATH [Enter only one couse	per lin	e for (o), (b), and (c).]		. 1	^	117			IN Ot	TERVAL B	ETWEEN
	PART I, DEA	NTH WAS CAUSED BY: IMMEDIATE CAUSE (0)	A	steris-S	cu	rotro	<u>('</u>	. V . D	1			2112/	
	422,1	DUE TO		-				•					
ш	Conditions, if a												
ı	gove rise to immediate couse (o), stating the <u>under</u> DUE TO												
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY												
CERTIFICATION	PARI 11: O11	HER SIGNIFICANT CONDIT	IONS C	ONTRIBUTING TO DEATH BO	INO	KEDATED TO THE TE	KWII	NAL DISEAS	e CONDITION GIV	FEN IP	A FAKI 1(0)	PERF	ORMED?
5	20g ACCIDENT W	AS UNDERLYING [] 20	b. DESC	RIBE HOW INJURY OCCURR	ED. IE	nter nature of injury	in P	ori Lor Por	1 II of item (8.)			YES [] ио 💢
E	TOR CONTRIBUTING	☐ CAUSE OF DEATH MEDICAL EXAMINER)											
3	20c. TIME OF INJUS	RY Month, Day, Year	20d. IN			OF INJURY (Home, f			r or fown)		(Count)	4	(State)
MEDICAL	Hour o.m.	19	While of worl	Not while It	octory.	, street, office bldg.,	etc.	1					
ľ		nat Lattended the d	eceasi	ed from 21111	1	, 1957, la		Jan	-9, 19(1)	the	at I lost	ow the	decease
	alive an	m. 6	196	and that deat	h ac	curred at 5:0	05.	P.M. from	n the causes o	and c	on the d	nta stat	ed abov
		0	1	9/			- /	ADDRESS (S	treet, city or town,	stote)		_ D	ATE SIGNE
1	ACTUAL SIGNATURE	semare!	1-1	Kunnag	M.D.	228 N. Ma	ar	ket St	•		1.3	. Jan	1960
	PHYSICIAN'S B	ernard O. Th	oma	s, Jr.	-	Frederic	k,	Md.					
22	BUR AL, CREMATIC	1-12-60		26. NAME OF CEMETERY Of Mount Olivet					tion (City, Iown, derick, N			(Sto	ite}
23.	FUNERAL DIRECTOR M. R. Et		, Fi	ADDRESS rederick, Marj	7lai	nd 240. R	EC'I	AN REGIST	trar 24b. REGI	STRAB	S SIGNA	lina	



00661

▙	000	7.			Reg. Dist. No.		
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where decreased lived If institutions Residence before admission)				
L	FREDERICK	MARYLAND	O. STATE MARU	LAND 6. COUNTY			
Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (outside corporate limits, write RU	RAL and give nearest lown)		
ı	FREDERICK	6 yrs	BALTIMAI	2E	z . gans		
Г	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
	FREDERICK MEMORIAL	HUSPITAL	NORTHWOODA	PB. LOCK RAVEN	BLUD, YES NO B		
3.	NAME OF First	Middle	Lost	4. DATE Month	Day Year		
L	(Type or print) KATHRUN		morsse	DEATH JANUAR			
5.	SEX 6. COLOR OR RACE 17. MARR	IN COUNTY AND THE PARTY OF THE	B. DATE OF BIRTH		Months Days Hours Min		
L	FEMALE WHITE WIDOWE			/ yrs			
10	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		STRY 11, BIRTHPLACE (Slate	e ar foreign country)	12. CITIZEN OF WHAT COUNTRY?		
L	Hervife	None	I NEW VO		U.S.A.		
13,	FATHER'S NAME		14. MOTHER'S MAIDEN				
L	Frank Strauss		Margar	ret (? unknown)			
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Is. no. or unknown) (II yes, give wor or dates of service)		NFORMANT	Addre			
L	No	UNKNOWN I	Mr. E. K. Mor	se Baltimore,	Maryland		
	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).]			INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (6)	MALI	VUTRITION		mo		
	286.5 DUE TO	, , , , , , , , , , , , , , , , , , , ,					
L	Canditions, if any, which)						
L	gove rise to immediate DUE TO	-					
	lying cause lost.						
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDITION GIVE	N IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO 15		
PTF	OR CONTRIBUTING [] CAUSE OF DEATH]	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Port I or Part II af item 18.)			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. It While p. m. 19 of world	_ Not while _ foo	ACE OF INJURY (Home, far tary, street, affice bldg., et	m, 20f. (City or town)	(County) (Stote)		
	21. I certify that I attended the decease	ed from JAN	. 19.54, to TO	MUNARA 22 19/0	that I last saw the deceased		
L		and that death	occurred at 3: 50	A.M. from the causes an	d on the date stated above		
L				ADDRESS (Street, city or town, st	ole) DATE SIGNED		
	SIGNATURE THE SIGNATURE	eston.	MD. 320 NM	PARKET ST	1-22-60		
	PHYSICIAN'S REX K. MA	KIII	FRE	biaik Md			
22	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, lawn, or			
L	Cremation 1-23-1960	Cedar Hill C	rematory	Washington, I	0.C.		
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Frederick		CD BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by Assistance of the service of the servic VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0652 CERTIFICATE OF DEATH

Reg. Dist. No. 00662

		7000			Reg. Dist. No.	
1. PLACE OF DEATH	leri ck	MARYLAND	2, USUAL RESIDENCE (Who o. STATE Md.	ere deceased lived. If inst b COUI	itution Residence before NTY Frederic	odmission) OK
b. CITY OR TOWN (IF outside RYRAL and give negres). FIGURE 1.C.	le corporate (imits, w gwn)	rile c LENGTH OF STAY IN 16	c city or town (if o	utside corporote limits, wri	ite RURAL and give neares	st town)
d. NAME OF HOSPITAL (IF I OR INSTITUT ON Frederlas I		treel address) Hospital	d. STREET ADDRESS	Street		IS RESIDENCE ON A FARM? (ES NO D
NAME OF DECEASED (Type or print) ME	first t zi e	Middle Virginia	Naylor	4. DATE OF DEATH Jan	Month Day	Year 1960
5. SEX 6. CO	73	MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH Aug. 12-19	9. AGE (In ye	POTS IF UNDER I YEAR IF Days Months Days H	UNDER 24 HRS lowrs Min
Ome S CIC	re kind of work done e, even if retired)	TOB. KIND OF BUSINESS OR INDU	Fred. Co		12. CITIZEN OF W	THAT COUNTRY!
Daniel Whit	en		Gertrude			
15 WAS DECEASED EVER IN U (Yet no. or unknown) (If yes, g	S. ARMED FORCES?		Margaret N		Address Ice St. Fr	red. Ho
Conditions, if ony, wi gave rise to immedi cause (o), stating the un lying cause last	DUE TO DUE TO Other	Meno schoos Diabetes	emortings mellitus		27 day;	EC WS
PART 1 OTHER SIG		ONS CONTRIBUTING TO DEATH BUT			Y	WAS AUTOPSY PERFORMED? ES NO N
20c. TIME OF INJURY Ma Haur a. m. p. m.	, v		ACE OF INJURY (Home, farm ctary, street, office bldg., etc.		(County)	(Stote
21. I certify that I calive an Actual SIGNATURE PHYSICIAN'S NAME (Type)		ceased from FC 24 19 6 C , and that death	M.D	M, fram the causes ADDRESS (Street, city or to	and an the date s	the deceased tated abave DATE SIGNES
Burlal (Specify)	b. date thereof L-26-60	22c. NAME OF CEMETERY C St. Pauls A		22d. LOCATION (City, to DellaaFre	a. Co. Md.	(Stale)
23. FUNERAL DIRECTOR'S SIGN		ADDRESS derick. Md.			REGISTRAR'S SIGNATURE	

may be retained hospital or otherding physician.

TO FUNERAL DIRECTOR: After this cert fitcate has been signed by the attending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this cert fitcate has been signed by the attending physician and completely filled in by the funeral director.

To FUNERAL DIRECTOR: After this cert fitcate has been signed by the attending physician and the filled within 72 hours offer death.

The registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00662

		U00	3 CEKILIC	AIL OI DEAII	•	00000
1), PLACE OF DEATH					tion. Residence before admission)
1	o, COUNTY	rederick	MARYLAN	o. STATE Marv	Tando d Countr	Frederick
	b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 1		outside corporate limits write l	
	RURAL ond give i	Airv	life	× Mt.	Airv	
	d. NAME OF HOSP	ITAL (If not in hospital, give street	1	d. STREET ADDRESS	7744	e IS RESIDENCE
	OR INSTITUTION			100 Sun	set Ave.	ON A FARM? YES NO
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mo	onth Day Year
	(Type or print)	JOHN	T. NORW	DOD of B.	DEATH JAN	v. 22, 160
	5. SEX	6 COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years lost bythdoy)	
ı	male	white widow	ED 🔣 DIVORCED 🗀	12-16-187	2 87 yrs	
	100 USUAL OCCUPATI	ION (Give kind of work done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11 BIRTHPLACE (SIO	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
	store c		general	Maryl	and	U.S.
	13. FATHER'S NAME	-		14 MOTHER'S MAIDEN	NAME	
		Lorenzo B. N	Torwood	Virgin	nia Fleming	
		ER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 1	, INFORMANT	Adv	dress
	(Yes, no. or unknown)	(If yes, give wor or dates of service)	20-18-1895	Miss Hilda	Norwood, s	3ame
	18 CAUSE OF DE	ATH [Enter only one couse per li	ine for (o), (b), and (c).}		'	INTERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY	Blusin	· Fldu	4.00	ONSET AND DEATH
	163X	IMMEDIATE CAUSE (6)	· · · ·	A 1 0 1 0 1		
	Conditions, if	2	IT SPA	iral mo	tradian's	1 28
	gove rise to	Immediate (our you	Carrier C.C.S	
	couse (a), stating	The under-				
	_	- ' (c)	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPS
١	PART II O'					PERFORMED?
		/AS UNDERLYING 20b. DES	CRIRE HOW INJURY OCCU	RRED. (Enter noture of injury is	n Part I or Port II of Item 18.)	, La Ll Ko
ŀ	I OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)			,	
I			INJURY OCCURRED 20e	PLACE OF INJURY (Home, for	rm, [20f. (City or town)	(County) (Stot
ı	Hour o.m.	While	Not while	factory, street, office bldg., e		(
				-()		7 .
	2), I certify th	at (I) (this hospital) atten-				.2. 1960 that (I) (we) la
ı		ased alive on Alice	2319/00 and the	it aleath accurred at 44	M, from the causes a	nd an the date stated above
	220 SIGNATURE	m 480. [D. 10.	ATTENDING	MED STAFF	22b DATE
	22- 24-75-15-14-115	11/1/4/10	roce	M.D PHYS	DIRECTOR PHYS	1-25-6
	22c PHYSICIAN'S NAME (Type)	C. M. VANPO	J.TOC	22d ADDRESS Mt. A	Airy, Marylan	nd
	REMOYAL (Specify	ON, 23b. DATE THEREOF	23c, NAME OF CEMETER		23d LOCATION (City, town,	
I	BURTAL	1-26-1960	Prospec		Frederick	
	24 FUNERAL DIRECTO	Waltz. W:	infield, Ma	rvland	JAN 2 7 60 256 REG	SISTRAR'S SIGNAFURE
	A 9 Tat 9			DATE		

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retain the hospital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function of page 3 shauld be detached far use as the burial-transit permit. Then piease remove carbon popers. Page 1 and 2 should be filled with the State Board of Health prior to burial, crematian, ar removal, and in any event, within 2 hours after death.

VR A15 (4) 15M 9/59



00664

L		62 CERTIFICA	AIL OI DEAIII		Reg. Dist. No.
1	PLACE OF DEATH a. COUNTY Frederick	малиль	2. USUAL RESIDENCE (Where a. STATE	b. COUNTY T	n Res dence before admission) Prederick
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Rrunswick	c. LENGTH OF STAY IN 16	Brunswick		JRAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION 107 West "B"	t address)	/ 25 East "C		e, IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) James	Calvin	Null 4.	DATE Mani	b 23 Year (
	sex 6. COLOR OR RACE 7. MAR Wale White WIDOV	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1-27-1881	9. AGE (In years losty (Crihday) yrs.	1F UNDER 1 YEAR IF UNDER 24 HB Months Days Haurs Min.
10	a. USUAL OCCUPATION (Give kind of work dane 10b during mast af working life, even if retired) Retired Clerk	kind of Business or Indu [ardware sto]		foreign country)	12. CITIZEN OF WHAT COUNTR
13	J.A.R.Nul		14. MOTHER'S MAIDEN NAM	Ida Jan	e Hull
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)		nformant rs.Mary Eddin	s,Brunswic	
	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).	& redu	Anna.	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which)	San Ditti	0	······································	
	gave rise to immediate cause (a), stating the under- lying cause last.		67		
CERTIFICATION	PART 13. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINA	LDISEASE CONDITION GIVI	EN IN PART 1(a) 19, WAS AUTOPS PERFORMED? YES NO
	· ·	SCRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in Part	for Port II of item 18)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. Haur a. π. p. m. 19 White	a Nat while fo	ACE OF INJURY (Hame form, iclary, street, affice bldg., etc.)	20f (City ar tawn)	(Caunty) (Stal
	21. I certify that I attended the deced alive an	7 %	h occurred at_/£_M,		that I last saw the deceased an the date stated above DATE SIGNI
	PHYSICIAN'S C.E. Pruitt	X MAN AL	.M.D.	many !	10 1-57-6
	8 BURIAL, CREMATION, 22b. DATE THERFOF BURIAL (Specify) 1-25-1960	22c. NAME OF CEMETERY OF Blue Ridge	OR CREMATORY 22	d LOCATION (City, town of Thurmont, M	1.
23	FUNERAL DIRECTOR'S SIGNATURE Brun	ADDRESS swick, Mar yla	nd 240 REC'D B		TRAR'S SIGNATURE

executed within 24 haurs after physician and campletely filled in by the emave carban papers. Rages 1 and 11 sha permit. Then please remave carban pap in any event within 72 hours after death requires that the death certificate be TO HOSPITAL OR AT TOING PHYSICIAN: The law requires that the death ce may be retained by hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 shauld be detached far use as the burial transit permit. Then please re the registrar priar to burial, crematian, or remayal, and in any event within 72

of director, e filed with

th. Page 4

VS A15 (4) 15M 9/5B



00665

										Reg. Dist. No.		
1. PLACE OF DEATH o. COUNTY	FIFTHOR	RICK	MARYLAN	- 11	USUAL RESIDENCE MARK			lived. If institution b. COUNTY		before odn ERICK		
b. CITY OR TOWN RURAL and give to FREDERICE		its, write	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // FREDERTCK							
	ITAL (If not in hospital,	give street		1/	d STREET ADDRE		741			e. IS F	RESIDENCE I A FARM?	
	Rock Hill	Rt	5.		Rock I	H1.11					NO DE	
3. NAME OF DECEASED (Type or print)	EMORY	rs1	Middle GOMBER	NU	lost 3Z		4. DATE OF DEATH	Januar		Dey 7	Year 19 60	
S. SEX	6. COLOR OR RACE	7 MARR	HED NEVER MARRIED	8. D.	ATE OF BIRTH			9. AGE (In years last birthday)	1.0	YEAR IF UN		
Male	White:	WIDOWE		44	mil 19,	189	Annual Control	65 yrs	IMONING L	Days Hou	rs Min.	
during most of wo Machinis	rking life, even it retired	done 10b.	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE		r foreign co		USA		AT COUNTRY	
13. FATHER'S NAME				1-	I. MOTHER'S MAI	DEN NA	AME					
Enory	Moberly No	152:			Mary (Gomb	or					
15. WAS DECEASED EV (Yes, no. or unknown) NO	ER IN U. S. ARMED FOR		None None	7. INFO	mant Argarot]	Youn	ıg Nus	Add	erick.	Md.		
PART I. DE 4.20.0 Conditions, if a gover is to code (a), sloting lying cause last	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO any, which immediate 3 the under		Tenta Co. Menta Co. Menta Co. Menta Co.	lero	the He	The	La	rus	,	INTERVAL ONSET AN	ears.	
CATIC	/AS UNDERLYING G		CRIBE HOW INJURY OCCU						EN IN PARI	YES	S AUTOPSY FORMED?	
	Y MEDICAL EXAMINER)											
20c. TIME OF INJU Hour o. m. p. m.	10	While of worl	Not while		OF INJURY (Home , street, affice bldg		20f. (Cily	ar ławn)	(Co	ounty)	(State)	
21. I certify to alive on	ACTUAL ADDRESS (Street, city or Jown, state) DATE SIGNED											
PHYSICIAN'S NAME (Type)		:										
220- BURIAL, CREMATION REMOVAL (Specify BUTIAL)	Jan 30		22c. NAME OF CEMETER	Y OR CR	EMATORY	2		ion (City, town, c	Marry		late)	
23. FUNERAL DIRECTO	R'S SIGNATURE	John to	ADDRESS,	7	240		BY REGIST	RAR 24b. REGIS	STRAR'S SIGN	LATURE	A	
DAILEY'S	FUNERAL HO	ME	FREDERICK. "	Md.	DAT	TE :	FE8 3	'69	ا استاریارت	ALL TOTAL		

may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the error director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 cours after death. oth. Page 4 ADING PHYSICIAN: The low requires that the death certificate be executed a

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TO HOSPITAL OR VS A15 (4) 15M 9/SS



M	ENT OF HEALTH	I—BAL	TIMORE, 1	8		oGet	2.0
	TE OF DEATH	1		Reg. Dist	. No.) ()
	2 USUAL RESIDENCE (WH	era decense	d lived. If institution				
5	o STATE	1	b. COUNTY	La		. /.	
Ь	c. CITY OR TOWN LIF o	utside corpo	prote limits, write R	URAL and an	Z.()	rest town)	
	11 Fred	eric	k	•		•	
	i d. STREET ADDRESS ナリナ と、 M	rů,	St.			15 RESIDENC ON A FARM YES	?
	Lost	4. DATE OF	Mon	th	Da	y Year	
4	PURTER	DEATH	Jac	_	17	196	0
וֹכ	B. DATE OF BIRTH		9. AGE (In years last birthday)			IF UNDER 24 H	
	Jan. 13. 1	887	73 yrs.	Months C	loys	Hours Mi	١.
DU:	TRY 11. BIRTHPLACE (Stote	or foreign c	ountrý)	12. CITIZ	EN O	F WHAT COUN	ITRY?
7	West Ve	reilin	11.01-	u		3. A.	
	14. MOTHER'S MAIDEN N	The state of the s					
	mary Eli	abet	2 Bai	les			
, H	FORMANT	0 1-	Add	033			
<u>b</u>	n f. Herbert	Tirter	- 14-W. C	ariane	I	V. 305	-C
	2 /	′		J	INTI	RVAL BETWEEN	
2	deal Infa	ee	-		20	layo	
					_	1	
<u> </u>	any Edin	7.4			2	dasp	
	/						
ıuı	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PARI	1(0)	PERFORMED	<u> </u>
RREI	(Enter nature of injury in !	or) I or Par	t II of item 18 j				
PL. for	ACE OF INJURY (Home, form tary, street, affice bldg., etc.	, 20f. (City)	y or lawn)	(Co	unly)	(Si	ale)
4	. 1966, to	ens.	17, 194	that I la	st sc	w the dece	osed
ath	occurred at 3/23	M, from	n the causes a				
			Ireel, city ar tawn,			DATE SIG	
	W.D	der	uck)12				
	· ·		\wedge	_	2	1001	je

22d LOCATION (City, town, or county)

240. REC'D BY REGISTRAR

245. REGISTRAR'S SIGNATURE

Orthun S. Krama

(State)

VS A1\$ (4) 15M 9/55

BURIAL, CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS



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H	ò	5	900	0
15.5 TO HOSPITAL OR AT THE DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	Ε	9	page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	÷
VS	ΑI	5 4	41	
15/	VI 5	1/5	В	

\ <u>_</u>		U	004				•		Reg. Di	st. No. 🗥 🖰	, , ,
] 7.	PLACE OF DEATH					DENCE (WI	here deceased	lived. If institut	on Residen	ice befare adr	nission)
	Fred	derick		MARYLAND	a. STATE	laryla	and	b. COUNTY	Worce	ster	
	b. CITY OR TOWN (IF	autside carporate limits, wr		H OF STAY IN 16		TOWN (If	autside carpora	ite limits, write	RURAL and	give nearest to	own)
	Frederick	nieżi lowii)	Since	12-17-5	9 I	}ishor	ville		,		
	or institution Maryland	AL (If not in hospital, give st Odd Fellows H	reet address)		d STREET A	ODRESS				10	RESIDENCE N A FARM?
3.	NAME OF	First		Middle	Lo	it .	4. DATE	Ma	nth	Day	Yeor
	DECEASED (Type or print)	EDITH		C.	QUILLE	en	OF DEATH	J.	anuary	7 19.	19 60
5.	SEX	6. COLOR OR RACE 7. A	AARRIED NE	VER MARRIED	8 DATE OF BIRT	Н	5	. AGE (In years		TYEAR IF UN	
	Female	White wo	OWED 🗌	DIVORCED	26 Dec	1885		last birthday)	Months	Doys Hau	irs Min.
100	. USUAL OCCUPATION	N (Give kind of work done	106. KIND OF B	USINESS OR IND				intry)	12.CITI	IZEN OF WHA	T COUNTR
	House-	ng life, even if relired)	At Ho	ne	Camo	len, N	1. J.		Į	JSA	
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN I	NAME	_			
	Alanson	n E. Meade			Elia	abeth	ı A. Ba	rr			
15.		IN U. S. ARMED FORCES? If yes, give war or dates of service)	16. SOCIAL SEC	CURITY NO	INFORMANT			Add	dress		
100	No	yes, give war or doles or servicer	None	M	aryland (dd Fe	ellows !	Home Re	cords		
Г	18. CAUSE OF DEAT	TH [Enter anly one couse p	er line far (a), (l	b), and (c).]						INTERVAL	BETWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronar	y Occlus	ion					118° H	ND DEATH
	420,1 DUE TO										
	Canditions, if an	y, which } (b)									
1	gove rise to im	nmediate (
	lying cause lost.	(c)									
CERTIFICATION	PART IL OTHI	ER SIGNIFICANT CONDITIO	NS <u>CONTRIBUTI</u>	NG TO DEATH BU	T NOT RELATED TO) THE TERM	INALD SEASE	CONDITION GI	VEN IN PAR	PER	AS AUTOPS RFORMED?
RIFE	20a. ACCIDENT WAS	S UNDERLYING [] 20b.	DESCRIBE HOW	INJURY OCCURR	ED. (Enter nature o	if injury in	Port 1 or Port	II of item 18 }			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	. W	d. INJURY OCC hile Not w work at wo	hilef	LACE OF INJURY octory, street, affic	e bidg., ato		or town)	-{•	County)	(Sto
	21. I certify the	at I attended the dec	eased fram.	Jan. 4,	19 60	_, to	Jan. J	.9 _{9,19} 60	that I la	ast saw the	deceas
	alive an	Jan. 18,	9 60	and that deat	h occurred at	6:45I	M. from t	he causes a	nd an the	e dote stat	ted obov
	5	man an	11:00	t				eet, city ar tawn		ľ	DATE SIGN
	ACTUAL SIGNATURE	177,	Joney	l	M.D. 4 E.	Churc	ch St.			21 Jan	1960
		illiam M. Smi	th, M. I	D.	Frede	rick,	Md.			6	
22	BURIAL, CREMATION	22b. DATE THEREOF		NE OF CEMETERY	_		1	ON (City, town,		(5	Stale)
	Burial Specify)	1-22-60		rgreen C	emetery	1		in, Mar			
23	FUNERAL DIRECTOR'S	s signature	adda Frederi		hand	24a. REC	'D BY REGISTR		ISTRAR'S SH		



CEDTIEIC ATE OF DEATH

00668

1		06	55 CERTIFIC	AIE OF DEATH	1	Reg. Dist. No.					
	PLACE OF DEATH	derick	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryl	F. COUNTY	Frederick					
		If outside corporate limits, wri	c. LENGTH OF STAY IN 16		outside corporate limits, write	RURAL and give nearest town)					
,	d. NAME OF HOSPIT OR INSTITUTION Frederick	Memorial Hospital	reet oddress) Dital	d. STREET ADDRESS 638 T:	rail Avenue	e. IS RESIDENCE ON A FARM? YES NO					
	3 NAME OF DECEASED (Type or print)	FRANKLIN	BURCK	REESE	4 DATE Mo OF DEATH Ja	nth Day Year unuary 27, 1960					
	5. SEX Male	7070 3.4	AARRIED NEVER MARRIED DIVORCED DIVORCED	8 May 1901	9 AGE (In years last birthdoy) 50 yrs	Months Days Hours Min					
1	Clerk-Meat	ON (Give kind of work done liking life, even if retired) Department	10b. KIND OF BUSINESS OR IND Grocery Store	Frederic	k, Maryland	12. CITIZEN OF WHAT COUNTRY USA					
/)3. FATHER'S NAME William H			14 MOTHER'S MAIDEN N	le Feiser						
1		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO MI	s. Edna M. Re	4	item #2)					
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Coronary Thrombosis 2 Weeks										
	Conditions, if a	8 Years									
gove rise to immediate couse (a), stating the under lying couse lost.											
s L	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES ALL NO										
	B (IF EITHER, NOTIFY	AS UNDERLYING () 20b () CAUSE OF DEATH () MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR								
	20x TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o m. While Not while of work of work of work of work of work of work.										
	21. I certify that I attended the deceased from Jan. 10, 1960, to Jan. 26, 160, that I last saw the decease alive an Jan. 26, 1960, and that death accurred at 7:154M, from the causes and an the date stated above										
	ACTUAL SIGNATURE	acharej C 1	Ceynta's And	٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	ADDRESS (Street, city or fown	, stote) DATE SIGNE 28 Jan 1960					
i	PHYSICIAN'S NAME (Type)	R. C. Reynolds	s, M. D.	Frederick	, Md.						
	220 BURIAL, CREMATIC BURIAL BURIAL		Mount Olivet		22d LOCATION (City, town, Frederick, M						
	23 FUNERAL DIRECTOR M. R. Etcl		ADDRESS Frederick, Maryl	and pare		ISTRAR'S SIGNATURE					

TO HOSPITAL OR A TIDING PHYSICIAN: The law requires that the death certificate be executed within 2 hours after dath. Page 4 may be retained by the spiral physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial transit permit. Then please remove carbon pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours afterdeath.

2sth. Page 4

VS ATS (4) TSM 9/58

VS A15 (4) 15M 9/55

4.1

1th. Page 4 TO HOSPITAL OR A DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours off 1th. Page 4 may be retained by haspital ar attending physician.

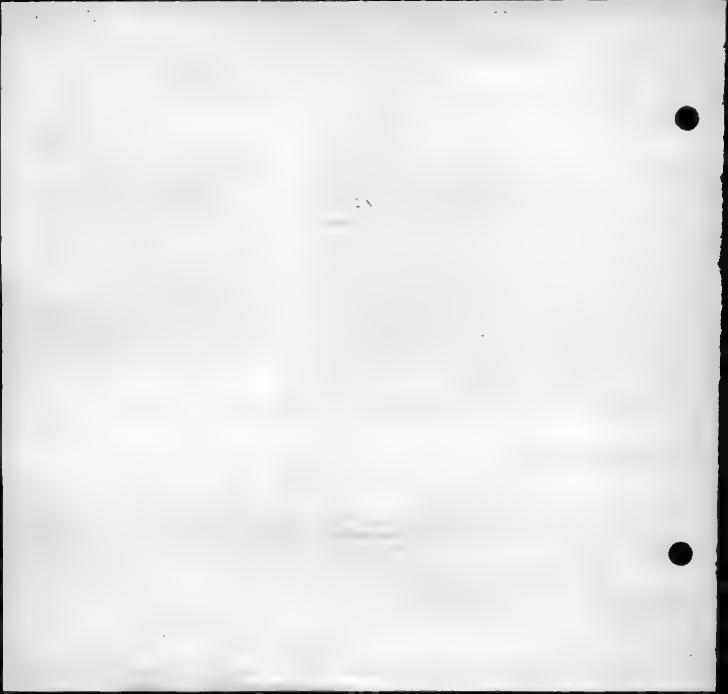
TO FUNERAL DIRECT...! After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with a should be filled with a should be filled with a standard be filled with a should be should be filled with a should be filled with a should be shou

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00669

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND re.de.vicik INWOOD b. CITY OR TOWN (If autside carporate limits, write ^પદે. LENGTH OF STAY IN 18 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) NION Bridge AME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? NAME OF First Middle DATE Lost Year Manth Doy DECEASED (Type or print) DEATH 1960 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 🔀 8. DATE OF BIRTH AGE (In years lost_birthday) Months Days Hours Min WIDOWED [DIVORCED [yrs 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 11 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) armino 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John D. Roop Edith Pfoutz Roop 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1.5 u.S DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** catse (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. PLACE OF INJURY (Hame, form, 20f. (City or tawn) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg, etc.) MEDI Haur d. m. While Not while at work of work D. m. 21. I certify that I attended the deceased from 12 19 that I last saw the deceased ond that death occurred at 222 .M, from the causes and on the date stated above. DATE SIGNED SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR DATE JAN 1 1 arthur & Kenne



22c. NAME OF CEMETERY OR CREMATORY

Cemeterv

eformed

Middletoun, Md.

ADDRESS

22d. LOCATION (City, town, ar county)

24b. REGISTRAR'S SIGNATURE Colling S. Krues

24g, REC'D BY REGISTRAR

DATE AN 1 9 '60

(Stote)

ofter should page 0 VS A1S (4) 1SM 9/SS

death.

BURIAL, CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

226. DATE THEREOF

Company,



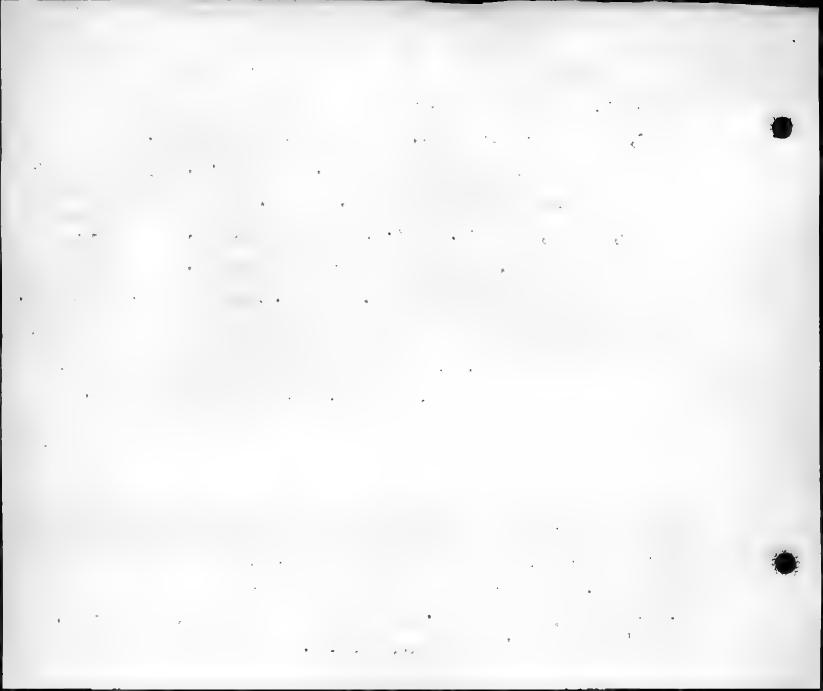
00671 Reg. Dist. No.

)	2.10.1012.ct 011	2. USUAL RESIDENCE (Where deceased lived if institution Residence be STATE MARYIAND b COUNTY	efore admission)							
	b. CITY OR TOWN (If outside corporate limits write RURAL and give negrest town) FREDERICK Lifeti		nearest fown)							
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 19 East All Saints Street.	d. Street ADDRESS 19 East All Saints St.	e. IS RESIDENCE ON A FARMY YES NO							
	3 NAME OF First Middle DECEASED (Type or print) HOWARD EDWARD		Doy Year O							
	S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCE	Tide 73 3000 lost bg(hdoy) Months Doy	AR IF UNDER 24 HRS							
	100 USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Janitor Hetired, Janitor at H		OF WHAT COUNTRY?							
N	13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
7	Christian Schade.	Clemintine Runkles.								
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes on, or unknown) (If yes, give wor or dates of service) NO (220-05-502);	Mrs. William E. Schade Frederick,	Maryland.							
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY:	·	NTERVAL BETWEEN							
	IMMEDIATE CAUSE (c) DUE TO DUE TO	eny (= u hollest	15 M140/4							
	Conditions, if any, which) (b) Afreat Februllation									
	gove rise to immediate t	. //								
		reliente Heart Disease	6 gens.							
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c	PERFORMED? YES NO							
		OCCURRED (Enter nature of injury in Part I or Part II of item 18)								
	20c, TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED While Not while of work of work.	20e. PLACE OF INJURY (Home, form, 20f (City or town) (Count foclary, street, office bldg., etc.)	nty) (Slote)							
	21. I certify that attended the deceased from Jan Y , 1953, to Jan 31 , 1960 that I last saw the deceased									
	olive on 1260, and that death occurred at 3754 M, from the causes and on the date stated above.									
	ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ADDRESS (Street, city or town, stote)									
	PHYSICIAN'S NAME (Type) Dr. L.R.Schoolman	Tredend 14								
	BURTAL Feb. 3, 1960 Mt Oliver	t Cemetery Prederick, Frederic	k Mile							
	23 DARLAND REDDERS HOURS HOME ADDRESS Frederick	k. Naryland 240. RECD BY REGISTRAR 246 REGISTRAR'S SIGNA								

TO HOSPITAL of ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs or death. Page 4 may be retain by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hayes affect, death.

VS A15 (4) 15M 9/S8



NARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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0677 CERTIFICATE OF DEATH	Н	Reg. Dist. No. () () 6 7								
	here deceased lived. If institution	ons Residence before admission)								
	Maryland b. COUNTY Frederick									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If a	autside carporate limits, write R	URAL and give nearest town)								
Rural Kemptown years X Rural	- Kemptown									
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION RFD # 1. Monrovia RFD #1	L. Monrovia	IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO \(\text{NO} \)								
3. NAME OF First Middle Lost	4. DATE Mon	th Day Year								
OFCEASED (Type or print) Cora L. Sier	DEATH Jan									
5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH	9. AGE fin years	IF UNDER 1 YEAR IF UNDER 24 HRS								
	L887 To yrs.	Months Doys Hours Min								
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTS								
during most of working life, even if retired) Housewife Own Home Frederi	Lek Co., Md.	USA								
13. FATHER'S NAME 14. MOTHER'S MAIDEN N	NAME									
George E. Raines Ida F.	Norwood									
15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) [If yes, give wor or daries of service]	Addi	ess								
No Howard L. Sie	er, RFD #1, N	Monrovia. Md.								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]		INTERVAL, BETWEEN								
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONTROL TO THE TOTAL TO THE T		ONSET AND DEATH								
42°/ DUE TO 2 / 1 A										
Conditions, if any, which) of Interiorable ratio Card Tister	2011 11chars									
gove rise to immediate couse (a), stating the under-	The same									
tying cause last.		V								
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY								
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED?								
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in	Part I or Part II of item 18.)									
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
3 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home form	n, 20f. (City or town)	(County) (State								
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. While Nat while p, m. 19 of work of work										
21. I certify that attended the deceased from 8/14, 1953, to	1/// 10/01	Athat I last saw the deceas								
alive an 1/10 , 1900 , and that death accurred at 5:55										
	ADDRESS (Street, city or town,									
SIGNATURE MD. Dames	ascus Md	1/12/6								
	14 14 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4									
PHYSICIAN'S James P. Kerr										
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	22d LOCATION (City, town, o	r county) (State)								
Burial Jan. 14, 1960 Providence Meth	,	1. /								
	Kommtore	Ma								
	Kemptown D BY REGISTRAR 246. REGIS	MO STRAR'S SIGNATURE								

VS ATS (4) TSM 9/55



Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Frederick			MARYLAND	2. US	UAL RESIDEN		ryland		instituti OUNTY		nce befo		iion)
b CITY OR TOWN (IF	autside corporate limi crest town)		c. LENGTH O	STAY IN 16	c. (CITY OR TO	WN (If a		orate limits,	write R	URAL and	give nec		n)
Frederick d NAME OF HOSPITA OF INSTITUTION Frederic		ive street Hospi		da	d.	STREET ADD	RESS	ville						FARM?
3. NAME OF DECEASED (Type or print)	GAR		_	Middle IAUD	5/	nes		4. DATE OF DEATH		Man	ith	Do	у	Year 1960
5. SEX	6. COLOR OR RACE	7. MARE	IED NEVER	MARRIED [B. DATE	OF BIRTH			9. AGE (I	a nyears			IF UND	ER 24 HRS
Female	White	WIDOWI	transf.	VORCED 🗀		nuary	23,	1883	1976	yrs.	Months	Doys	Havrs	Min.
100. USUAL OCCUPATIO during most of working House—W	N (Give kind of working life, even if relired 110	done 10b.	KIND OF BUSIN		JSTRY 11	. BIRTHPLAC		or foreign o			12. C	ITIZEN C	SA.	COUNTRY
13. FATHER'S NAME					34. A	AOTHER'S M	AIDEN N	AME					-	
Charl	es W. Mill	.er				Cha	arlo	tte Sl	neffer	2				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	ervice)	social securi None		inform ir. A	ant Ethur	I. :	Sines-	-Same	Add as		#2		
	mediate (Dus To	, a	y for (0), (b), o	also	pn	eun	ane.	a				IZT OZ	ERVAL BE SET AND WK	HTASD :
No. of the second secon	ER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	- and	CRISE HOW IN	orde	one						EN IN PA	RT 1(a) 1	PERFC	AUTOPSY PRMED? NO A
Continue of Injury Manth, Day, Year 20d. Injury Occurred 20e. PLACE Of Injury (Home, farm, 20f. (City or town) 19 19 19 19 19 19 19 1									(County)		(State)			
actual signature PHYSICIAN'S NAME (Type) 22c. BURIAL, CREMATIO REMOVAL (Specify) DULIAL	Jan.20,		Cha Cha Mount	I that deat Se CEMETERY O	_M.D. ,_	F ATORY actory	ch	ADDRESS (S	the co	luses cor town,	and an state) Z or county)	the da	te state O (Stot aryl.	T/ & D
M. R. Etchi		-	ADDRESS					d by regis JAN 1 9		6. REGI	STRAR'S S	GNATU	RE	

NOING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by haspital ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been singage 3 should be detached for use as the burial-transit the registrar prior to burial, crematian, ar remayal, and

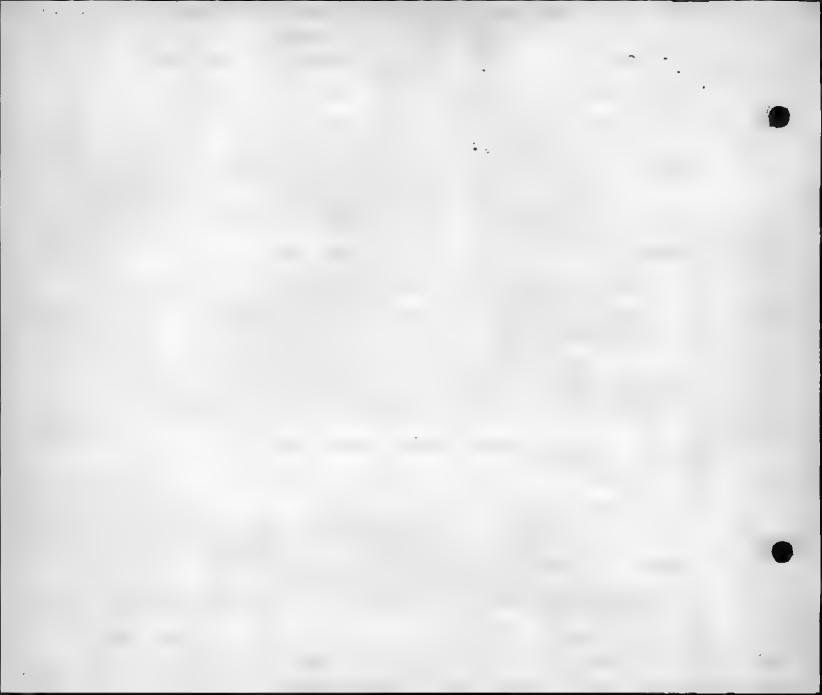
Page 4

the attending physician and campletely filled in by the Arcral director. Then please remave carbon papers. Tages 1 and 2 shauld be filed with

Then please remave carban papers, yent within 72 hours after death.



OF HEALTH-BALTIMORE, 18



Reg. Dist. No.

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)	1, PLACE OF DEATH a. COUNTY			
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director

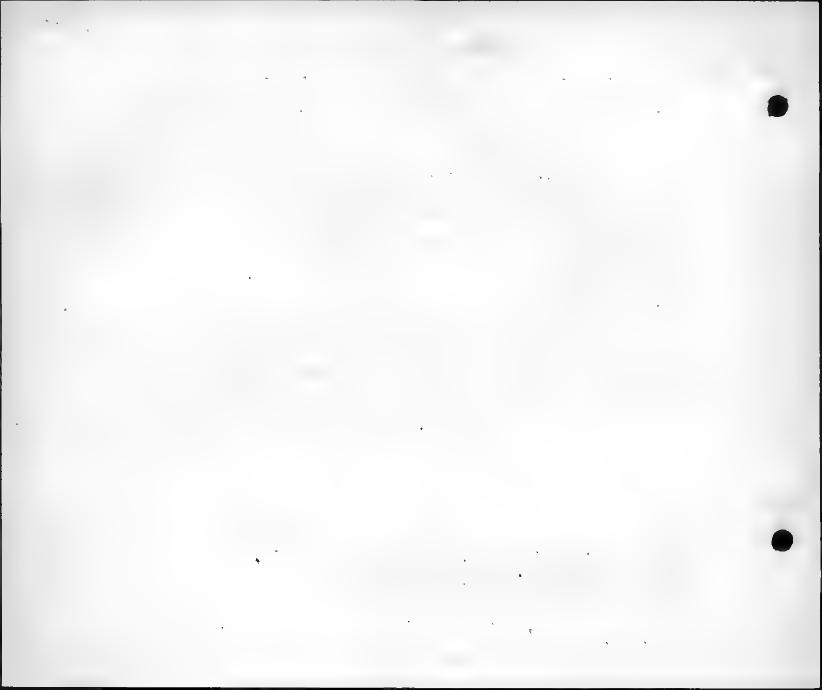
TO HOSPITAL OR AVENING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often may be retained by hospital or otherwising physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in by the page 3 should be detached far use as the burial-transit permit. Then piease remaye carbon papers. Pages 1 and 2 shouther registror priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/SB

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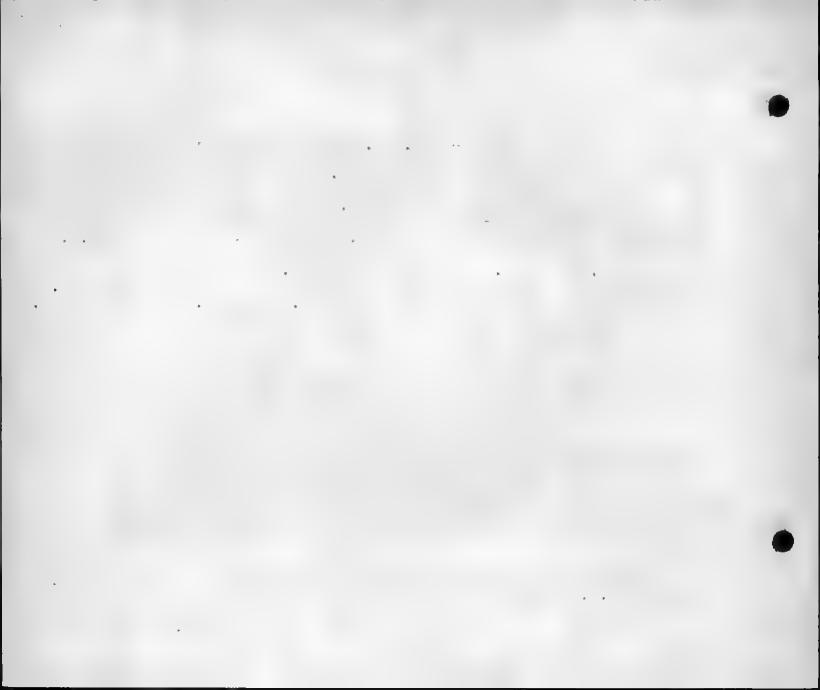
1, PLACE OF DEATH a. COUNTY				- 11	. USUAL RESIDENCE (\ o. STATE	Where decease	ed lived If institut		e before ad	missian)		
	rederick		MARYLA	IND	Mary	land	0, 600,11		derick			
b. CITY OR TOWN RURAL and give	(If outside carporate limits, nearest town)	, write	E. LENGTH OF STAY IN	1 1b	c CITY OR TOWN (I	f outside carp	orate limits, write	RURAL and g	ive negrest (town)		
Rural Ta	neytown		30 years		Rura	1 Tane	vtown					
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, giv	e street ad	(dress)		, d. STREET ADDRESS					RESIDENCE N. A. FARM?		
				- /						NO 🗍		
3. NAME OF	First		Middle		Leist	4. DATE	Adv	n th	Doy	Year		
DECEASED (Type or print)	Grace		Louisa		Stull	OF DEATH			l.	19 60		
5. SEX		MARRIE	D. NEVER MARRIED	☐ B. i	DATE OF BIRTH		9. AGE (In year)	HF UNDER 1	YEAR IF U	NDER 24 HRS		
Female		VIDOWED		- I	une 27. 18	Rg.	lost birthday)		Days Ha	urs Min		
10a. USUAL OCCUPAT	ION (Give kind of work do	ne 10b. Kl	IND OF BUSINESS OR I						EN OF WHA	AT COUNTRY		
Houseworl	rking life, even if retired)	1 0	wn home		Penna.			11	G A			
13. FATHER'S NAME			MII HOMB		14. MOTHER'S MAIDEN	I NAME			- Hafta			
200 1 2 2 2												
N T I T	am Harner ER IN U. S. ARMED FORCE	SC2 114 CC	OCIAL SECURITY NO. T	INICO	Nettle DRMANT	E. Mai		dress				
(Yes, no, or unknown)	(If yes, give wor or dates of serv		DCIAL SECORITY NO.	1041	ZRIMON I		Ad	01635				
no			none	Mrs	- Francis	Lookin	gbill, T	anevto	vn. Md			
	ATH [Enter only one cous	e per line	far (a), (b) and (c),]	_						NO DEATH		
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ronar	u I	drtery.	Ocal	USION		12	Lane		
420.1	DUE TO											
Canditions, if		1		. 7	frteri	ne e l	a - 0 - 1	e.				
gave rise to	immediate (<u> </u>	r b n a r			23 C I						
couse (a), stating												
lying cause last									1	45 ALIZOSTA		
PART II. CA	HER SIGNIFICANT CONDI	HOM2 <u>CO</u>					SE CONDITION G	VEN IN PART	PE	REORMED?		
PART II. Q	duca	veze			-solver				YES	NO I		
OR CONTRIBUTION	20a. ACCIDENT WAS UNDERLYING 20b. DISCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH											
	Y MEDICAL EXAMINER)	т .										
20c TIME OF INJU		20d INJ White			OF INJURY (Hame, fo		ly ar town)	(C	aunty)	(State		
₩ p. m.	10	at wark	Nat while at wark		,,, eg, ,							
21. I certify t	hat I attended the a	decensed	fram 5/9		. 19.59. to	1/1/	2019	that I las	st sow the	e decenser		
alive an	114/60		, and that d	ooth o				-				
dilve dil		.,	, and mar of		ccorred officials	4	Time causes a Street, city at tawr			DATE SIGNE		
ACTUAL SIGNATURE	K. A.	m	cil kunt			1	certois		ud.	1/4/4		
3IGNATORE	201	4	1.	IVI.L	′		7			data:		
PHYSICIAN'S NAME (Type)	17.5.1	10 V	augh				V					
22a BURIAL, CREMATI REMOVAL (Specify			22c. NAME OF CEMETE	RY OR C	REMATORY	22d LOC/	ATION (City, town,	ar county)	(State)		
Burial		1960	Reformed C	Cemet	cerv	Та	neytown.	Marvl	end			
23 FUNERAL DIRECTO	B'S SIGNATURE		ADDRESS	اركاده ده د		C'D BY REGIS	TRAR 246. REC	ISTRAR'S SIG	NATURE			
C.O.Fus	1000	Tana	vtown. Mam	rl and	DATE	4N 8 '6	0 0	-1 -	4			
0.001.00	o d. Doll	Talle	A DOMIL MAIL	Tall				11 9 8 1	Victory at			



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please exe-	cute the cert fice. Titing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. The 4 should be		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transis permit. File pages I and 2 with the registrar prior to burial, cremation,	(
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ony del	uneral	forwarded to the ef Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	registro	
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VS. A15ME(5) 5M 9/55

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1			MI	EDICA	LEX	AMIN	ER'S	CERTII	FICAT	re of	DEATH	Reg.	Dist. No	.00	676
1	1. }	PLACE OF DEATH o. COUNTY	Freder	i o Dr	700	U		2. USUAL RES		Where decea 71a 1	sed lived. If Instit		idence bel		
	Ŀ	b. CITY OR TOWN (If our			c. LENG	MARY					porote limits, write				
		and give negreet town)								rick	poro-a 1111112, 11111		B		,
	d	Rumal Roud Rouds NAME OF HOSPITAL		(If not in hos	pital, give	street oddress	1)	/ d. STREET /	ADDRESS					e. IS R	ESIDENCE
	1	Mile Wes	at of Je	ffers	ion=l	Fred.	Co	100 I	inco	ln A	pts.				A FARM?
	3	NAME OF DECEASED	Fire	ref		Middle		Los	1	4. DATE	Mont	th	Day		ear .
		(Type or print)	Phillip		lvin			Jr.		DEATH	1.		10		96 C
	5. S		S. COLOR OR RACE							_	9. AGE (in years lost berthday)	Months	Doys Doys	Hours	ER 24 HRS. Min.
	100	Male	I/Give bind of week	WIDOWE	li-a-l	DIVORCED [193		7.00	J		E MANUAT	COUNTRY
i	q	usual occupation during most of working the Hospital	life, even if retired)	at + Fbs	eder	dek M	emo	n. Er	o den	i o le .	Maryla			3 . A .	
		FATHER'S NAME	1100011001	10111	0 001	2.011. 312	.01.10	14. MOTHER'S			Titte grade		0 8 8	7 8 4 4 9	
		Fhillip C	. Swann	Sr.				Clara	v.	Smal!	lwo od				
1	15.	WAS DECEASED EYER		RCES7 16.	SOCIAL SI	ECURITY NO.	17. IN	FORMANT				eder	ick	, Mc	
1			Conflic	et	Unkr	iown	Fb	illip	C. S	wann	Sr. 1	2 Ca	rvei	Ar	ts.
		18. CAUSE OF DEATH		use per line	for (0), (b)), ond (c).]				-			INTE	YAL BETW T AND DE	een Ath
			WAS CAUSED BY: MEDIATE CAUSE (a)F	prac.	tured	Ski	11.1							
V		823X	DUE TO												
		Conditions, if ony, gave rise to immedia	le couse (•				 			····	
		(o), stating the una	derlying DUE TO												
	Z	PART II, OTHER	SIGNIFICANT CON		NTRIBUTE	NG TO DEATH	BUTN	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	ART 1(o) 1		
0	CERTIFICATION													YES [NO 🔼
	RTIF	200. EXTERNAL CAUSE PRIMARY () or CONTI	WAS 2	DE DESCRIBE	obi I	JURY OCCUR	RED. (Er	ter nature of in	ury in Por	If or Port II	of item 18) east_of	Jeff	erso	ın.	ran
		CAUSE OF DEATH.		into	Smal.	1 ditc	h,	complet	:elv	upset	Landing	gon	the	top	0
^	MEDICAL	20c. TIME OF INJURY	Month, Day, Ye	_ While	ı No	al while Oil	tocto	E OF INJURY (I	bldg., etc.	Fi			ounty)		(Stote)
2	W	TC:TDKM-	Jan 10 19	2-2-4				e 340_			fferson		deri		Md.
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		deoth resulted for	A S	Luoses [١, ٨٠	cidem X.	Suit	ilde 🔲, In	lomicide	□, 0	ndetermined -	cause [_].		
		ACTUAL SIGNATURE	3/17	117	77	100.		M.D. CHIEF N	(EDICAL EX	AMINER -				DATE S	CSMOI
A .		,	-7 Q Q 1, 2	- -/					NT MEDIC	AL EXAMINE	ER 🔲	Ton	uary	- 10	-20
		EXAMINER'S B.	0.Thomas	8				DEPUTY	MEDICAL	EXAMINER-	ā:	0 sur	uar.	1 10	-00
	220	BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREG	OF .	22c. NAN	AE OF CEMETE	RY OR	CREMATORY		22d. LOCA	TION (City, town,	or county)	(Stat	e)
	-	urial	1-12-6	0		<u>Lrviev</u>	1		01 000		erick,				
i		FUNERAL DIRECTOR'S		ederi		wess Maryl	lan	3	J/	N 1 3	TRAR 245, REGI	istrar's s bulhung			
	0	*TI * TT CV		- wor .	-Ong	Lat.y.	r all	J.	DATE				J. 7 VVA	T-1/25	



e. IS RESIDENCE ON A FARM? YES 🔲 NO 🖬

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY

PERFORMED? YES NO 🖂

USA

Reg. Dist. No.

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se executed within 24 hours differ	and campletely filled in by the tuneral director, ban papers. Pages 1 and 2 shauld be filed with er death.	M
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PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Maryland Frederick Frederick b. CITY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frederick Braddock Heights months d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS 227 East Second Street Vinda Bona Convalescent and Rest Home NAME OF 4. DATE Last DECEASED DEATH (Type or print) Charles Thomas January James 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF SIRTH 9. AGE (In years last birthday) Months Days WIDOWED | DIVORCED [7] Male 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Farmer Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Miranda Geisbert IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 114. SOCIAL SECURITY NO. INFORMANT Address Mrs Edith Thomas 227 E. Second Street, Fredk, Md none CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last PART II NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

ofter

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200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Day, Year Hayr a.m.

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fort I or Part II of item 18.)

20e PLACE OF INJURY (Home, form, 20f, (City or town) 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Not while

(County) (State)

21. I certify that trattended the deceased from 1959, ta 19_____, and that death accurred at___

22c. NAME OF CEMETERY OR CREMATORY

an St. 19 Gthat I last saw the deceased _M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

A.T.Brice MD

Jefferson, Md.

22b DATE THEREOF 220 BURIAL CREMATION. REMOVAL (Specify)

Mt.Olivet Cemetery

at work at wark

Frederick, Md 24a, REC'D BY REGISTRAR

DATFEB 3

22d. LOCATION (City, town, or county)

245 REGISTRAR'S SIGNATURE

Ciriling & Traus

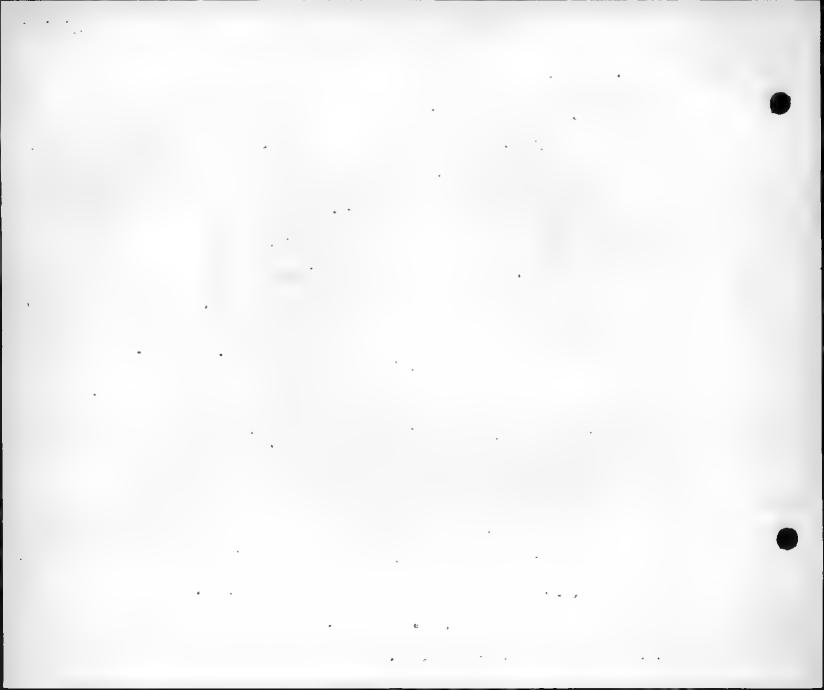
23. FUNERAL DIRECTOR'S SIGNATURE

VS A1S (4) 15M 9/58

ray be retained by FUNERAL DIRECT

0

M.R. Etchison and Son, Frederick, Md.



PHYSICIAN OR HOSPITAL

The bottom copy may be retained by the hospital

the registrar within 12 hours after death. After this in by the funeral director, the third copy of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 1 FilmG255 1-27-60 et

00678

Reg. Dist. No.

CERTIFICATE OF DEATH

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after th	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF D	2. USUAL RESIDENCE (HOME) OF DECEASED							
	COUNTY FREDERICK MARYLA	AND ISTAGE RIVERING COUNTY	HANDER VLAND COUNTY FREDERICK							
ctor, 1	CITY (If outside corporete limits, write RURAL LENGTH OF	STAY CITY (If outside corporate limits, write RURAL								
2 5	OR and give nearest town) (in this plus									
dig.	HOSPITAL OR	9 11 1 1 1 1 1 1 1 1 1 C	ive (ocation)							
	INSTITUTION OR	ADDRESS	ive location)							
within funeral	11140000 110110	700 W. 71H.	STREET							
<u>}</u> .≅	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Mc	nih) (Day) (Year)							
registrar by the	(Type or Print) BESSIE BELLE	IRUNDLE DEATH	7AN 18 1060							
by i	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday	IF UNDER 1 YEAR IF UNDER 24 HRS.							
	FEMALE WHITE VSOOGHYBUWED	30APRIL 1884 75 yrs.	Months Days Hours Min.							
‡ .e	10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS		12. CITIZEN OF WHAT							
Mith filled it.	done during most of worlden little owner M	2411011	COUNTRY?							
od wit y fille permit.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	13. FAIRER'S NAME		-							
Sete Sete	-JOSEPH NULL	MARGARETE	CKER							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	IRITY NO. 17. INFORMANT & ADDRESS	/ /LIA							
and continued a burnial	((es, go, for unk.) (If yes/give wer or dates of service)	MOSH A PAULEIL VI	ALVEDENILE							
Surial Couries	18. MED	ICAL CERTIFICATION	INTERVAL BETWEEN							
9 1	diseases or conditions directly leading to death	11 1.	ONSET AND DEATH							
death ysician se as a	4 / IMMEDIATE CAUSE (A) CONTRACTUL	Margarlotte.	1 Odien							
	ANTECEDENT CAUSE(S) DUE TO		- 4							
축 G F	DISEASES OR CONDITIONS, IF ANY, (B)	enter Chileston Chi	Cour Strain							
ending thed fo	STATING UNDERLYING CAUSE LAST. DUE TO		•							
uires th attendi etached	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
uir afte eta	TO THE DEATH BUT NOT RELATED TO THE									
200	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?							
y th	The sale of steament in the state of steament		YES NO .							
- 3	21a. ACCIDENT WAS UNDERLYING 21b. PLACE [Home, farm, factory	, 21c. WHERE DID INJURY OCCUR? (City or lown)	(County) (State)							
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, office bidg., etc.)									
E C C C C C C C C C C C C C C C C C C C	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCUI									
D SHE	M. at work et w	while C								
DIRECTOR: s been exect ate assembly	22. I hereby certify that I attended the deceased from	20 10 Pet to 1/18 10 to	. that I fast save the decreed							
E & 2	alive on all full firms, 19	73834	7, mar i last saw the deceased							
ູ່ກັບ	SIGNATURE / / / / / / / / / / / / / / / / / / /	ADDRESS (Street, city, for								
ERAL DIII	The state of the s		1.1 (1.1)							
certificate h death certifi	23. BURIAL, CREMATION, DATE THEREOF NAME OF C	M. D. LOCATION (City, to)	vn, or county) (State)							
Certifi death	D REMOVAL (SPECIFY)		(31010)							
▼ 0.0 ×	DURIAL MAIN SI KO	UKES CEM. LEAGYV	I hohe E /VID.							
۶ کا ۱	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	i outstone mid							
	DATE JAN 2 2 '60 Circling 4. Thanks	Blanco & alastola	Merote Junden Du							



ADDRESS

24a, REC'D BY REGISTRAR

245, REGISTRAR'S SIGNATURE arthur S. Hruns

(State)

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23 FUNERAL DIRECTOR'S SIGNATURE



1			Ite	18 Fi	Lm 25MARYL	AND	STATE DEPA	ARTM	ENT OF HEALT	H—BAL'	TIMORE, 1	\		
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ral directar, be filed with	17	4	1, PL o.	COUNTY Fr	ederick		MAI	YLAND	2. USUAL RESIDENCE (W STATE Mary J		l lived. If institute b. COUNTY	Preder		on)
d be			Ь.	CITY OR TOWN (I RURAL and give no	f outside corporate limit earest town) Ederick	s, write	c. LENGTH OF STATE	A IN JP	c. CITY OR TOWN (IF		orate limits, write RURAL and give nearest town)			
by the	×		đ.	OR INSTITUTION	At (If not in hospital, gi	ive street (oddress}		d. STREET ADDRESS 906 F	ine Av	·9•		e, IS RESI ON A YES	DENCE FARM? NO DE
illed in es 1 and			- 01	AME OF ECEASED ype or print)	Betty Fin	ı	June		gner los	4. DATE OF DEATH	Januar	ÿ 18, '		960
campletely filled papers. Pages 1 ath.			5. SE	х		7. MARR	IED NEVER MARK	IED 🔲	B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months Doys		R 24 HRS
apleta ers.			- April	'emale	White	WIDOWE		-	A State of the second s	229	/37 30 yrs	1		
pop aff.		1	10a.	during most of world	ON (Give kind of work of king life, even if retired)	lone 10b.	KIND OF BUSINESS	OR INDU	Frederick	e or toreign co	ountry) Tand	12. CITIZEN	OF WHAT	COUNTRY?
an and can corban pop after death.		ŀ		Beauticia:	IL.	-			14. MOTHER'S MAIDEN	-	JAMES C.	000		
cian s of				Tames Pa	trick Tinn	ev.	Sr.		Ann Elis	abeth	Shelton			
ng physician and camplets remave carbon papers. 72 haurs after death.	(<	V	15 14	AS DECEASED EVE	R IN U. S. ARMED FORG	ES? 14.	SOCIAL SECURITY N	N.E.	· Howard W. V	Vagner	906 Pin	e Ave. I	reder	ick, M
rending Slease re ithin 72	-	-	l	B. CAUSE OF DEA	ATH [Enter only one co	use per lin	e for (o), (b), and (c).]				IN.	TERVAL BE	TWEEN
at of will			1	PART I. DEA	TH WAS CAUSED BY:	04	evebra.	/	1 riloraha	10		O	SET AND	DEATH
The even			1	1 200.4-	OUE TO	M	plasta	740	Carcini	chna	, Drall	1	2 2266	ill 1
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sician. een si ransit 1, and			_		HER SIGNIFICANT CON	DITIONS C			NOT RELATED TO THE TERA				19. WAS /	AUTOPSY
e has b burial-tr	ć	2	CATE										YES 📑	NO 🗆
ficat ficat the lar				ROG. ACCIDENT WA DR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of injury in	Port I or Port	II of item 18.)			
ital or ath r this certi- or use as cremation,			MEDICAL	Oc. TIME OF INJUR Hour o.m. p.m.	Y Month, Day, Yea 19	w 20d. It While of worl	VIURY OCCURRED Not while	20e. PL	ACE OF INJURY Home, for tory, street, office bldg., et	m. 20f. (City c.)	or town)	(Count	y}	(Stote)
W 0				21. I certify th	at I attended the	deceas	ed fram_)		, 19 <u>58</u> , ta_}	4-44-4	19(-),that I last	saw the	deceased
ha Affi Tached burial				alive on	<u> </u>	_, 12.6	ond the	it death	accurred at 12:15	AM, fran	the causes o	ind on the d	ate state	d above.
유민		1		ACTUAL	c. i . n. A	No. of the last	Ilunio	fe?	Jint .	ADDRESS (SI	reet, city or town,	stote)	DA	TE SIGNED
DIRECT DIRECT DIRECT Prior		7	3	ACTUAL FIGNATURE	JE SPOLETO		1 (120000	1	M.O. <u>C. Z. Ali Alika</u>	941	1-1-1-1-16	-1-625-E	41-7	720.
RAL Shau Ishau istrar			'		B. O. The		Jr.				cet Stree			
5 8 8 a				BURIAL, CREMATIC REMOVAL (Specify)			22c. NAME OF CE				ION (City, town,		(\$1014)
5 g =	A	ł		RUMISI UNERAL DIRECTOR	1-20,-19	10U	Mt. Olis		24g, REC	O BY REGIST	prick. Ma	STRAR'S SIGNAT		-
VS A15 (4) 15M 9/55	1		1	Tokel E	Hailey	9/2	Freder	.ck,	Md . DATE J	AN 21 '6	50 C	thur S. th	wild.	
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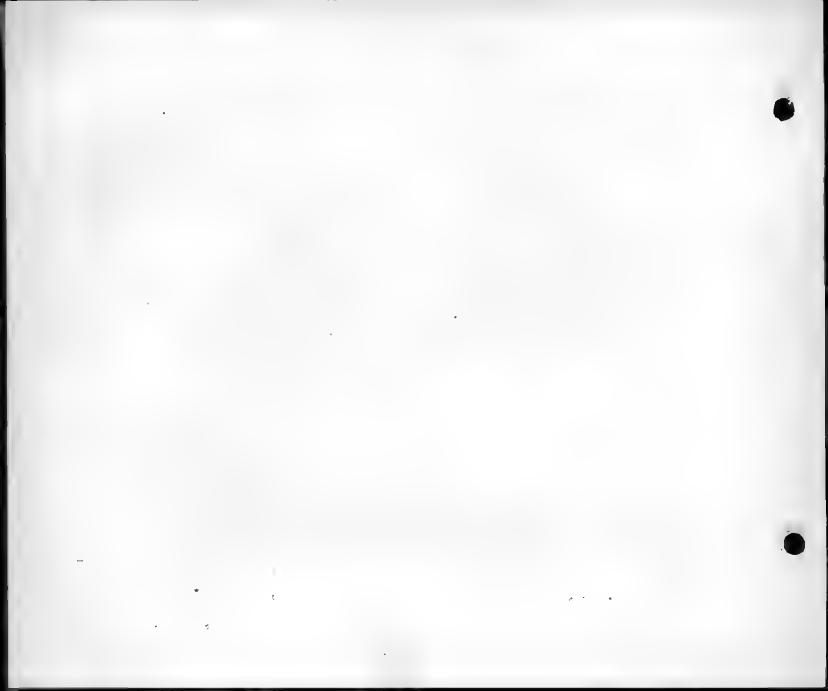
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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$\mathbf{\Omega}$	883	CERTIFICATE	OF DEATH

Reg. Dist. No. 00681

1, PLACE OF DEATH a. COUNTY	Frederic	le	MARYLANI	a CTATE	Aarvl		ved. If institute b. COUNTY			
b. CITY OR TOWN (I	f autside corporate limit		NGTH OF STAY IN 1				e limits, write R			
RURAL and give ne Rural - Ki	noxville,	Md.		XRura:	l- Kno	oxvill	Le. Md.			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	ive street addres	s)	d. STREET	ADDRESS				01	RESIDENCE N A FARM?
3. NAME OF DECEASED	Firs		Middle		ast	4. DATE OF	Mon	th	Day	Year
(Type or print)	Robert		Washi:			DEATH	Januar			19 60
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8 DATE OF BIR	TH	9.	AGE (In years		YEAR IF U	
Male	w O	WIDOWED 🔣	DIVORCED [Feb. 2		376	83 yrs	I Williams	dys Hut)1.2 IACIN
10a. USUAL OCCUPATION during most of wark	N (Give kind of work of ing life, even if ratired)	lone 10b KIND	OF BUSINESS OR IN	DUSTRY 11. BIRTHE	PLACE (State of	ar foreign cour	ntry)	12. CITIZE	N OF WHA	AT COUNTRY?
Retired F.	armer	Lan	d Owner	Ill	linoi	S		US	SA	
13. FATHER'S NAME				14 MOTHER	S MAIDEN N	IAME				
Robe	rt Washin	gton		Leal	h Vir	ts				
IS, WAS DECEASED EVE		CES? 16 SOCIA	L SECURITY NO.	INFORMANT			Add	(01)		
1700 TO, OT BIRATORI	(r) year, give wor by cases of se	224-	54-3818	William	Wash:	ingtor	ı – Kno	xvill	le. M	id.
PART I. DEA Language Canditians, if a gave rise ta it cause (a), stating lying cause last.	mmediate (DUS TO	ar	teres	BUT NOT RELATED T	O THE TERMI	CLOJ NAI DISEASE (ONDITION GIV	EN IN PART	10	AS AUTOPSY
ATIO					- / / / / / / / / / / / / / / / / / / /				PE	REORMED?
[] (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE I	HOW INJURY OCCUI	RRED. (Enter noture	of injury in P	art I or Port II	of item 18)			
ZOc. TIME OF INJUR Have a. m. p. m.	Y Month, Doy, Yeo		Nat while	PLACE OF INJURY factory, street, affi	(Hame, form, ce bldg., etc.	, 20f. (City o	r town)	(Ca	unty)	(State)
21. I certify th	of lottended the	deceased fr	om /2/4 4	3 1955	963	24. Z	196	Giat I last	saw the	e deceased
alive in	m 2	1960	_, and that dec		90	M, fram th		d an the	date sta	
ACTUAL SIGNATURE		All L		w.d. <u>Brůr</u>				store)		1960
PHYSICIAN'S NAME (Type)	G.F.Smit	h		Bruns	swick	4	Maryla	nd		
220. BURIAL, CREMATIO REMOVAL (Specify)			NAME OF CEMETER				ON (City, lawn,		,	State)
Burial			nion Cem	etery			tsvill			lia
23. FUNERAL DIRECTOR			ADDRESS			D BY REGISTRA	. 1"	STRAR'S SIGN		
12. her To	oelo Bi	runswic	ck, Maryla	and	DATE JA	AN 5 '6		other S.	Thank	

VS A15 (4) 1SM 9/S8



22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22d. LOCATION (City., town, or county)

24b. REGISTRAR'S SIGNATURE

arthur & trans

24g. REC'D BY REGISTRAR

DATE

(State)

22b. DATE THEREOF

220. BURIAL, CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

haspita may be retained by FUNERAL DIRECTOR: TO HOSPITAL bage 0 VS A15 (4) 15M 9/58

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_ENGO Fredomok - SWKS Predomon Maynerd Mance West Today - FE ESSI- 41 724 - 100 WEDWARE SESWASE 128 W 15 5 15 8 Note the Williams Vinent Entert KER- Fred Flet the state of the s The second of th BULLET 1-10-60 By Tax miles Fred Cu Mid. Est. Metho P Torders 17 - 19d

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH Reg. Dist. No. 1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY **6. COUNTY** Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Braddock Heights Frederick Months d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1613 Shookstown Road Vindabona Convalescent & Rest Home YES NO K NAME OF First Middle 4. DATE Month Doy JOSEPHINE WOODCOCK DILLEN DEATH January [Type or print] 9. AGE (In years lost birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days White May 18, 1870 Female WIDOWEDAT DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stale ar fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House-work At Home USA Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Moses P. Greenwood Georgia Whitney 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Mary W. Partdrige-Same as item #2 No None 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). **DUE TO**

Canditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse tost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO.

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.)

20e. PLACE OF INJURY [Home, form, 20f. (City or town) 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Not while

at work of work

21. I certify that I attended the deceased from 3 1922 ... that I last saw the deceased and that death accurred at._____M, from the causes and on the date stated above.

DATE SIGNED ACTUAL SIGNATUR Professional Building

PHYSICIAN'S NAME (Type) Berhard O. Thomas. Jr.

Frederick, Maryland

220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Bladensburg. Jan.2.1960 Fort Lincoln Crematory Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR **246. REGISTRAR'S SIGNATURE**

M. R. Etchison & Son, Frederick, Maryland

'60 DATE AN 5

Chillun & House

YES |

(Stote)

(County)

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directo

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death

offer

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death.

offer

within 24 hours

executed

death certificate

requires that the

VS A15 (4)

CERTIFICATE OF DEATH Securities 1999 AND PROVIDENCE INC. AND HE PARTY . English and Anna State of the S